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ABSTRACT

This lesson planning guide for supplemental competencies in health education addresses the three domains of learning: psychomotor, cognitive, and affective. It can be used with any teaching method (e.g., lecture/demonstration, discussion, and small group). The guide contains units on: acute care and long-term care; cultural aspects of patient care; informed decisions about health careers; selected health care agencies and community services available; preparing items for sterilization; sterile techniques to change dressings; techniques in using and caring for the microscope; performing cardiopulmonary resuscitation; perineal care and catheter care; caring for the newborn, infant, and/or child; removing fecal impaction; routine colostomy care of selected patients; care of patients with gastrointestinal tubes; preoperative care to selected patients; postoperative care to patients in traction and/or casts; routine tracheostomy care; vaginal irrigation (douches) for selected patients; admitting, transferring, and discharging patients; and five food groups, basic nutrients, and therapeutic diets. Each lesson contains the following: introduction; learning activities; key terms; competencies; performance objectives; basic skills; basic skill objectives; instructional activities and answer sheets; instructional materials/resources; and evaluation questions. The bibliography contains nine references. (NLA)

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SOUTH CAROLINA HEALTH OCCUPATIONS EDUCATION

LESSON PLANNING GUIDE

FOR

SUPPLEMENTAL COMPETENCIES

CE060484

SOUTH CAROLINA DEPARTMENT OF EDUCATION

OFFICE OF VOCATIONAL EDUCATION

COLUMBIA, SOUTH CAROLINA

1991

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SOUTH CAROLINA

HEALTH OCCUPATIONS EDUCATION I & II

SUPPLEMENTAL COMPETENCIES

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INTRODUCTION

This guide addresses the three domains of learning: psychomotor, cognitive, and affective. The following is a brief explanation of each.

Psychomotor

Manipulative skills such as sharpening a pencil and making a bulletin board display are representative of activities that are psychomotor in nature. Each performance objective has a performance standard which must be met to demonstrate student proficiency in the manipulative aspect of the competency.

Cognitive

Cognition is the mental process by which knowledge is acquired. To perform psychomotor tasks, students must think. Effective thinking is necessary for successful performance of job tasks. Students gain cognition through real and vicarious experiences. They may read, view tapes, and memorize or practice a process or procedure until they are certain of it. To test knowledge, students may be required to decide the proper procedure, method, or sequence for performance. This is cognitive activity (decision making) at its highest level. This guide enables the instructor to provide decision-making opportunities for students, thus developing their cognitive skills.

Affective

The affective domain deals with attitudes, interests, and values development. Desirable behavior is the learning outcome of the affective domain. This guide presents activities created to promote an understanding of self and others in a working environment. The instructor is encouraged to use the activities to stress how attitudes, values, and goal attainment influence working relationships and productivity.

USE OF THIS GUIDE

This guide is designed to provide job relevant tasks, performance objectives, performance guides, resources, teaching activities, and evaluation questions. The guide is also designed to be used with any teaching methods you as an instructor may choose. For example, if the lecture/demonstration method is best for you, you will find sufficient help to meet your needs. If you prefer to use discussions or other methods that require student participation, you will find ample help. Regardless of which method is successful for you, this guide can save preparation time and offer innovative methods and procedures. For example, a student may work either alone or on a team while in class and learn skills directly related to what is actually being done on the job.

The use of small groups in teaching can be helpful when students feel inadequate due to their lack of background experiences or feelings of physical incompetence. A successful program can provide students with a sense of security by reinforcing them to interact on a group level. As students gain confidence and discover that they are essential parts of a team engaged in the learning-teaching process, their confidence increases. Individually, they also learn to work without direct supervision. In addition, use of the small-group method permits the instructor to vary instructional routines from lecture or other full-class methods to activities for single students, pairs of students, or any number desired.

In this guide, you will find suggestions for specific classroom activities. These activities are not meant to restrict you or your students, but only to offer a variety of learning activities for each task statement.

Lesson SC-01

Identifying the Differences Between Acute Care and Long-Term Care

Introduction

Health care workers provide care for a variety of patients. A knowledge of the differences in the levels of care of those patients is essential because each level requires different types of care.

Learning Activities

1. Read **Diversified Health Occupations**, 2d edition, pp. 6-8.
2. Complete Key Terms assignments as directed by the instructor.
3. Complete other assignments as directed by the instructor.
4. Review available audiovisual resources as directed by the instructor.
5. Read **Mosby's Textbook for Nursing Assistants**, 2d edition, "Introduction to Health Care Facilities," or other available textbook.
6. Complete final evaluation with _____% accuracy.

Key Terms

Acute care
Clinic
Emergency care
Geriatric care
Home health care
Hospital
Long-term care facility

LESSON PLAN SC-01

UNIT **NURSING ASSISTANT SKILLS**

COMPETENCY

Identify the difference between acute care and long-term care.

PERFORMANCE OBJECTIVE

Upon completion of this unit, the student will compare and contrast acute care and long-term care in writing.

BASIC SKILL(S)

Reading: Demonstrate comprehension of assignments.
Writing: Write complete sentences.

BASIC SKILLS OBJECTIVE(S)

Reading: Read and understand assigned material.
Writing: Use designated terminology in writing.

INSTRUCTIONAL ACTIVITIES

1. Instruct the student to read **Diversified Health Occupations**, 2d edition, pp. 6-8.
2. Instruct the student to define Key Terms and write a complete sentence with each one.
3. Conduct discussion.
4. Instruct the student to read **Mosby's Textbook for Nursing Assistants**, 2d edition, or other available textbook regarding acute care and long-term care.
5. Instruct the student to find health care facilities listed in the yellow pages of the local phone book and make a list of all the acute care facilities and a list of all the long-term care facilities. Discuss the services that are provided by each facility and the types of patients served by each.
6. Instruct the student to view available audiovisual resources.

INSTRUCTIONAL MATERIALS/RESOURCES

1. Simmers. **Diversified Health Occupations**, 2d edition.
2. Sorrentino. **Mosley's Textbook for Nursing Assistants**, 2d edition.
3. Available textbooks.
4. Available audiovisual resources.
5. Local telephone book.

EVALUATION

On a teacher-prepared examination, the student will compare and contrast acute care and long-term care facilities.

Lesson SC-02

Identifying the Cultural Aspects of Patient Care

Introduction

Health care workers meet people from all walks of life, including many patients from various cultural, religious, ethnic, and economic backgrounds. A worker in any health career must understand and be sensitive to the beliefs and practices of these groups.

Learning Activities

1. Read Information Sheets.
2. Complete Key Terms assignments as directed by the instructor.
3. Complete worksheet as directed by instructor.
4. Complete other assignments as directed by the instructor.
5. Review available audiovisual resources as directed by the instructor.
6. Complete final evaluation with _____% accuracy.

Key Terms

Communication
Culture
Economic class
Ethnicity
Health beliefs
Pain
Religion
Social class

LESSON PLAN SC-02

UNIT NURSING ASSISTANT SKILLS

COMPETENCY

Identify the cultural aspects of patient care.

PERFORMANCE OBJECTIVE

The student will identify the cultural, religious, economic, and ethnic differences of patient groups.

BASIC SKILL(S)

Reading: Demonstrate comprehension of assignments.
Writing: Write complete sentences.

BASIC SKILLS OBJECTIVE(S)

Reading: Read and understand assigned material.
Writing: Use assigned terminology.

INSTRUCTIONAL ACTIVITIES

1. Instruct the student to read Information Sheets in **Diversified Health Occupations: Teacher's Resource Kit**, 2d edition, pp. 209-15.
2. Instruct the student to define Key Terms and write a complete sentence for each one.
3. Instruct the student to complete assignment sheet in **Diversified Health Occupations: Teacher's Resource Kit**, 2d edition, pp. 216-19.
4. Conduct discussion.
5. Give student hypothetical patients with obvious cultural, religious, ethnic, and economic differences. Ask student to role play situations.

INSTRUCTIONAL MATERIALS/RESOURCES

1. Simmers. **Diversified Health Occupations: Teacher's Resource Kit**, 2d edition.
2. Available audiovisual resources.

EVALUATION

The student will score _____% on a teacher-prepared examination.

Lesson SC-03

Making Informed Decisions About a Health Career; Identifying Educational Programs and Occupations Available to Health Care Workers

Introduction

It is important to focus on what your interests, values, and abilities are when you are considering an occupation in the health care field. As you begin to understand yourself, you will be better able to select the right occupation. You will also be able to use the information you have gained about yourself when you use the resource materials that are available for a career search. This will help you make an informed choice.

There are hundreds of job opportunities in the health care field. This unit will introduce you to some of the possible health care careers. The knowledge that you gain from the information in this unit will help you to decide which careers are of interest to you. After you have carefully researched these careers, you will be able to make an informed career decision.

Learning Activities

1. Read **Diversified Health Occupations**, 2d edition, pp. 13-33.
2. Complete Key Terms assignment as directed by instructor.
3. Complete **Diversified Health Occupations: Workbook**, 2d edition, pp. 4-8.
4. Complete other assignments as directed by instructor. Use **Diversified Health Occupations: Teacher's Resource Kit**, 2d edition, or attached activities (1-6) or any you may have.
5. Review available audio resources as they pertain to this lesson and as directed by your instructor.
6. Take notes and participate in class discussion and activities (See notes in **Diversified Health Occupations: Teacher's Resource Kit**, 2d edition.)
7. Read **200 Ways to Put Your Talent to Work in the Health Field.**
8. Complete final evaluation with _____% accuracy.

Lesson SC-03

Key Terms

Admitting officer/clerk
Animal technician
Art, music, and dance therapists
Associate degree
Athletic trainer
Audiologist
Bachelor's degree
Biomedical equipment technician
Central/Sterile supply worker
Certification
Dental assistant
Dental hygienist
Dental laboratory technician
Dentist
Dialysis technician
Dietetic assistant
Dietetic technician
Dietitian
Doctorate
Doctor of Chiropractic
Doctor of Medicine
Doctor of Osteopathy
Doctor of Podiatric Medicine
Electrocardiograph technician
Electroencephalographic technologist
Emergency medical technician
Endodontics
Entrepreneur
Geriatric aide
Health care administrator
Health occupations education
Home health care assistant
Housekeeping worker/Sanitary manager
Licensed practical/vocational nurse

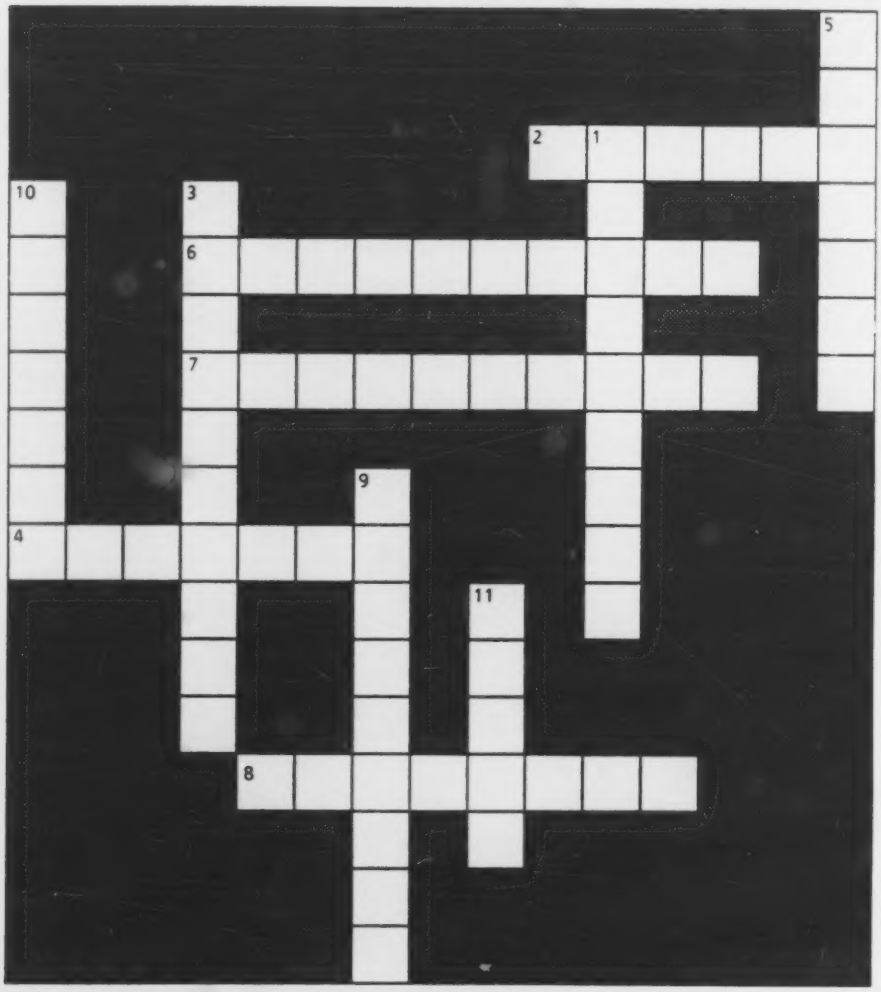
Key Terms continued

Licensure
Master's degree
Medical assistant
Medical laboratory technician
Medical records technician
Medical technologist
Nurse assistant
Occupational therapist
Optical laboratory technician
Optician
Optometric technician
Optometrist
Oral surgeon
Orthodontics
Paramedic
Pedodontics
Perfusionist
Periodontics
Pharmacist
Physical therapist
Physician
Physician assistant
Prosthodontics
Psychiatric technician
Psychologist
Radiologic technologist
Recreation therapist
Registered nurse
Registration
Respiratory therapist
Social worker
Surgical technologist
Unit secretary/Ward clerk
Veterinarian

Lesson SC-03

Name _____ Date _____

HEALTH CAREERS CROSSWORD PUZZLE 1



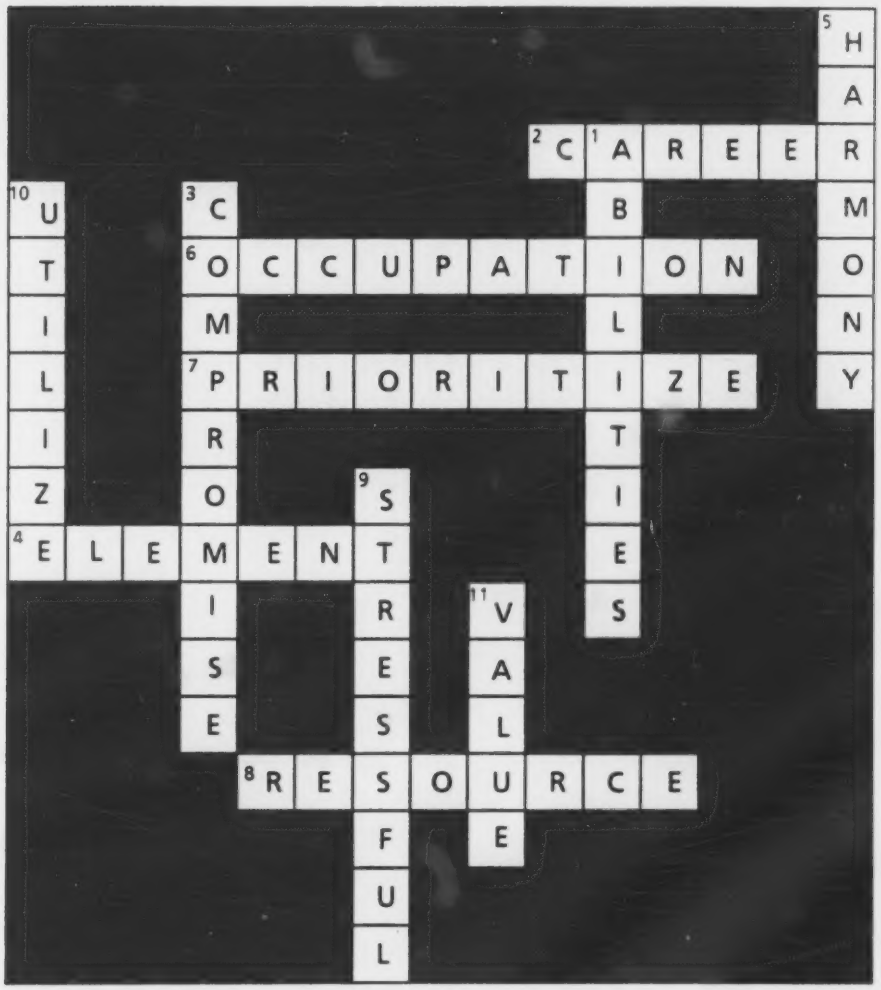
ACROSS

2. Profession or occupation.
4. An integral part.
6. Work or profession that one does.
7. To list in order of importance.
8. Materials from which you gather information.

DOWN

1. Special skills used to act physically or mentally in an activity or occupation.
3. Mutual concession.
5. Agreement with.
9. Unusual pressure; full of tension.
10. To use.
11. Something that is important.

HEALTH CAREERS CROSSWORD PUZZLE 1



ACROSS

2. Profession or occupation.
4. An integral part.
6. Work or profession that one does.
7. To list in order of importance
8. Material from which you gather information.

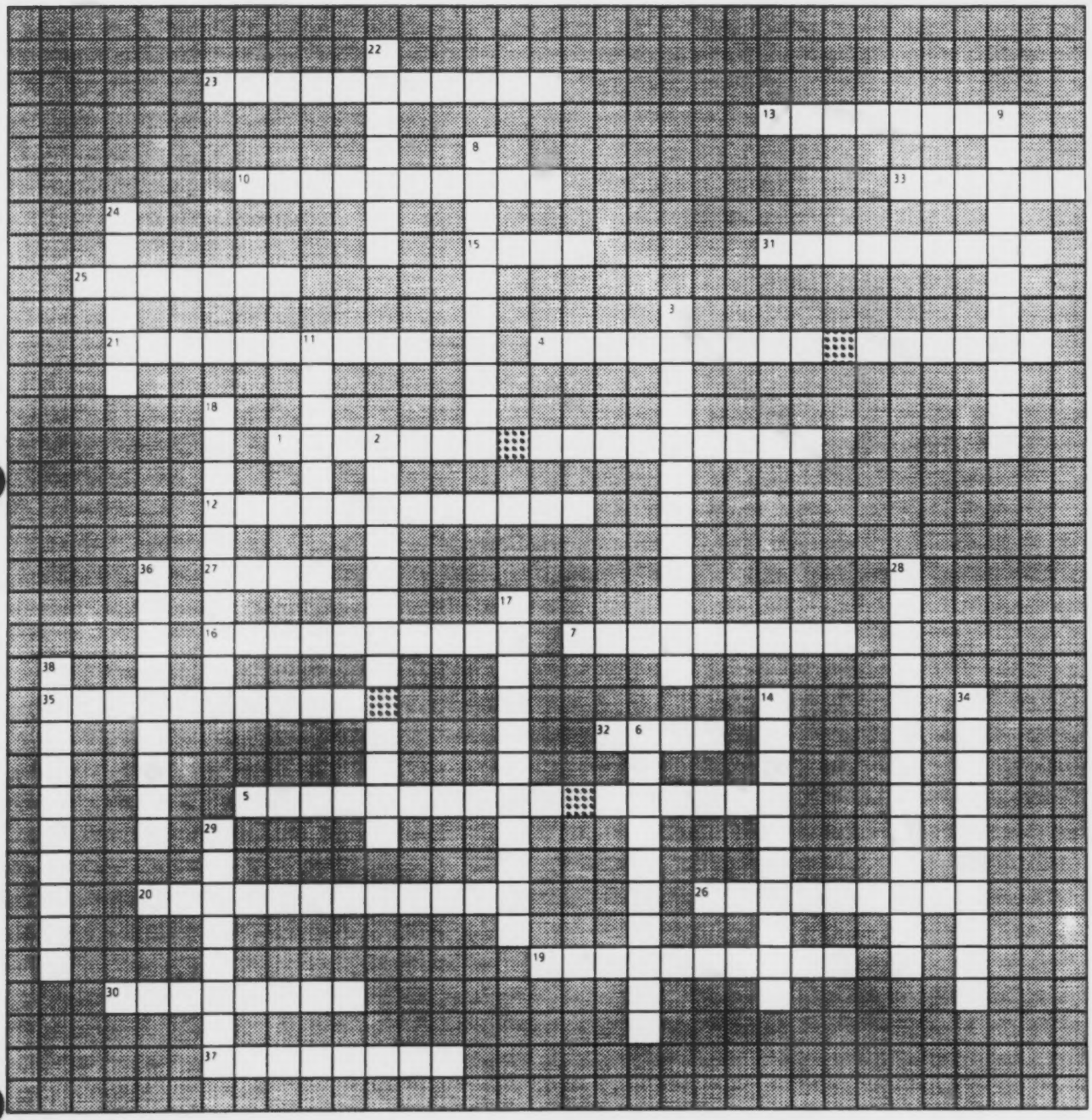
DOWN

1. Special skills used to act physically or mentally in an activity or occupation.
3. Mutual concession.
5. Agreement with.
9. Unusual pressure; full of tension.
10. To use.
11. Something that is important.

Name _____ Date _____

HEALTH CAREERS CROSSWORD PUZZLE 2

Indicates a space between two words



HEALTH CAREERS CROSSWORD PUZZLE 2

ACROSS

1. The method used to make the environment, the worker, and the patient as germ-free as possible.
4. Degree given by a college or university after successful completion of four years of college.
5. A school that trains persons with special aptitudes in specific trades or occupations.
7. Therapeutic rubbing, kneading, or stroking the body.
10. Able to transfer electrical current.
12. Written direction for preparing and giving treatment.
13. To penetrate the body when performing a test.
15. The way an individual walks.
16. To cause a body part to be immovable.
19. To take the first step; to think and act without being told.
20. To do away with foreign or harmful elements.
21. A worker who is knowledgeable about all the details of a particular job.
23. Pertaining to treatment of disease or injury.
25. A fluid that protects against a given disease.
26. An aide or helper.
27. An assistant or helper.
30. A natural or acquired talent or ability.
31. Type of sterilizer.
32. Plural for datum.
33. Pertaining to the hand; ability to use your hands.
35. Occurs when students study with a professional to develop skills they have learned in a classroom.
37. To examine, judge, appraise, or estimate.

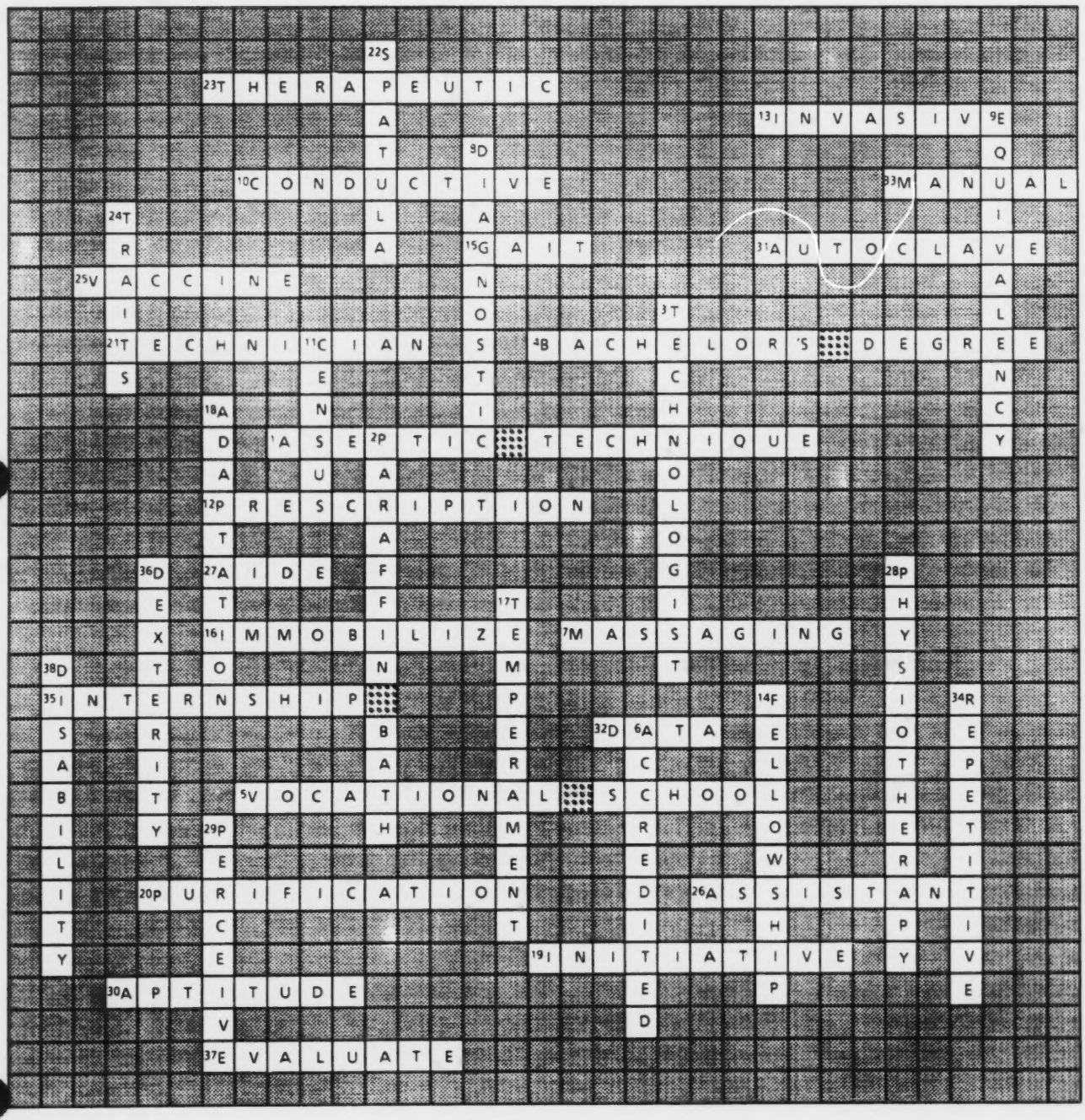
DOWN

2. Warm, waxy liquid that becomes hard as it cools; frequently used to ease pain of arthritis.
3. Specialist in the study of a technical field.
6. Authorized, licensed, or certified.
8. Pertaining to determining the nature of a disease or injury by examination.
9. Equal in substance, degree, value, force, or meaning.
11. Number of patients in the hospital.
14. A scholarship or grant awarded a graduate student in a college or university.
17. Peculiar physical character and mental cast of an individual.
18. Changing; becoming suitable.
22. A knifelike tool with a broad, flat blade.
24. Distinguishing qualities or features.
28. Physical therapy is also called _____.
29. To become directly aware of through any of the senses.
34. Repeating the same thing constantly.
36. Ability to use your hands skillfully.
38. State of having taken away normal ability.

Name _____ Date _____

HEALTH CAREERS CROSSWORD PUZZLE 2

▦ Indicates a space between two words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23T H E R A P E U T I C
13I N V A S I V 9E
8D Q
10C O N D U C T I V E 33M A N U A L
24T L A I
R A 15G A I T 31A U T O C L A V E
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I O 3T L
21T E C H N I 11C I A N S 4B A C H E L O R 'S D E G R E E
S E T C N
18A N I H C
D 1A S E 2P T I C T E C H N I Q U E Y
A U A O
12P R E S C R I P T I O N L
T A O
36D 27A I D E F G 28P
E T F 17T I H
X 16I M M O B I L I Z E 7M A S S A G I N G Y
38D T O N M T S
35I N T E R N S H I P P 14F I 34R
S R B E 32D 6A T A E O E
A I A R C L T P
B T 5V O C A T I O N A L S C H O O L H E
I Y 29P H M R O E T
L E E E W R I
I 20P U R I F I C A T I O N D 26A S S I S T A N T
T C T I H P I
Y E 19I N I T I A T I V E Y V
30A P T I T U D E E P E
V D
37E V A L U A T E

Lesson SC-03

Student Worksheet

Complete the following using a separate sheet of paper for each career.

1. Name of career.
2. Type of work done in this career.
3. Necessary personal qualities and abilities needed for success in this career.
4. Educational requirements: High school graduation? Four years of college?
5. Licensure, certification, or registration required?
6. Working conditions.
7. Advancement opportunities.
8. Wages and benefits.
9. Job outlook for the future.
10. Address of place to get further information about the career.

Lesson SC-03

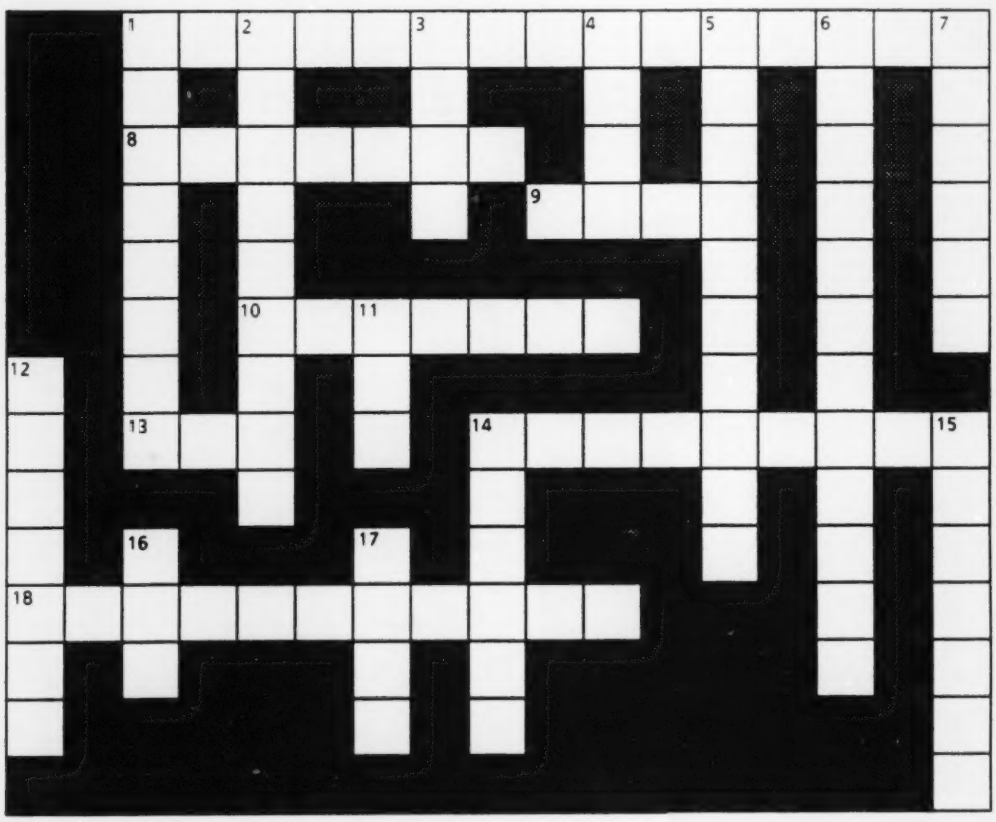
Student Worksheet

Interview an employee who works in the occupation that you are interested in. Interviews may be done by phone, mail, or in person. Contact must be made ahead of time and consent given for the interview. Some sample questions follow:

- How did you select this occupation?
- What are the educational requirements?
- What are the opportunities for advancement?
- What do you like about your job?
- What are the hours? Is there some choice of control of your work schedule?
- Is there job security?
- Are you satisfied with the salary?
- Is the job structured, or is there flexibility?
- Do you feel you are respected in your position?
- What are your major responsibilities in the job?

Name _____ Date _____

A VARIETY OF CAREERS



A VARIETY OF CAREERS

Anyone who is interested in a career in the field of health sciences now has literally dozens--even hundreds--of occupations from which to choose. By working the crossword puzzle, you will get some idea of the range of careers that are open to men and women interested in the health field today.

ACROSS

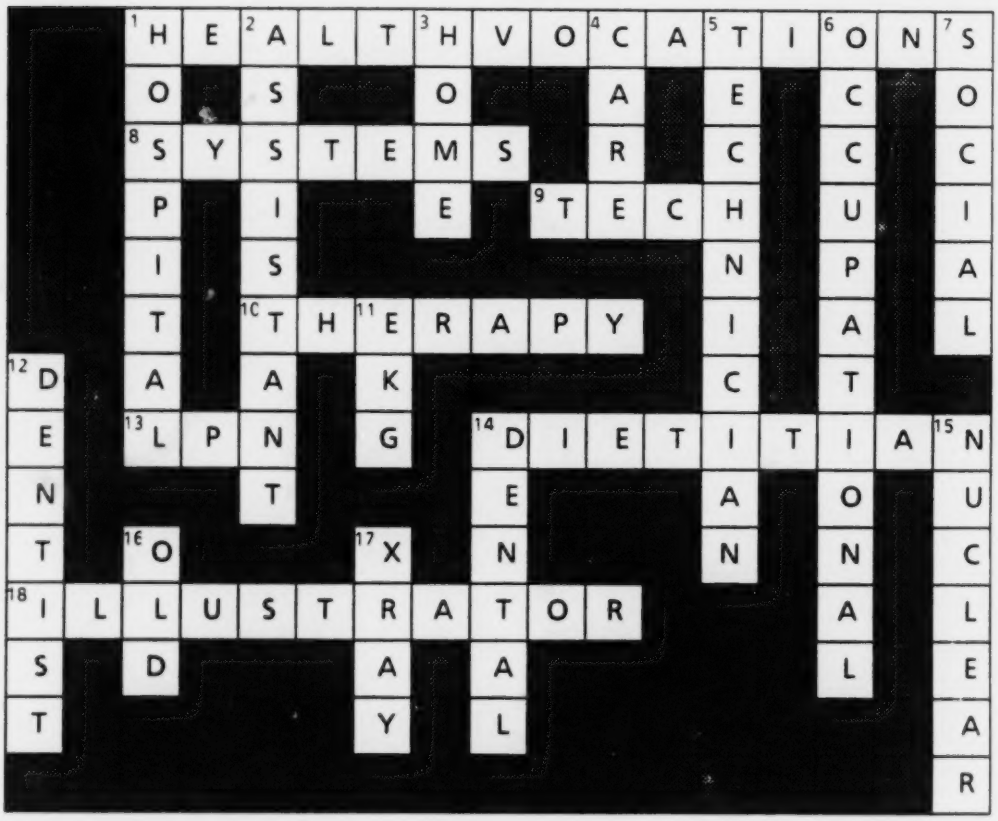
1. The topic of this crossword.
8. Works to minimize accident hazards and promote safe work habits: _____ safety analyst.
9. Assists in maintaining medical records, reports, statistics, etc.: the medical records _____ nician.
10. Rehabilitates patients with bone, muscle, and joint injuries or diseases: the physical _____ assistant.
13. One who works under direction of an RN for routine patient health care.
14. Person responsible for menu planning for hospital patients.
18. One who uses art to help keep the public informed about health, medicine, and science.

DOWN

1. An important institution that cares for the sick.
2. Prepares patient for the dentist; takes x-rays: dental _____.
3. Helps with physical and health needs of the disabled and homebound: _____ health aide.
4. Ophthalmologists and optometrists are concerned with vision _____.
5. Cuts and stains body tissues for microscopic examination: histologic _____.
6. Helps physically and emotionally disabled patients overcome their handicaps: _____ therapist.
7. Helps patient and family deal with problems resulting from illness: medical _____ worker.
11. Operates the machine that records heart action: _____ technician.
12. One whose specialty is teeth care.
14. Makes and repairs dentures, crowns, etc.: _____ lab.
15. Works with radioactive isotopes in diagnosing and curing disease: _____ medical technologist.
16. A gerontologist deals with _____ people.
17. "Takes pictures" to diagnose medical problems: _____ technologist.

Answer Key

A VARIETY OF CAREERS


1 H E 2 A L T 3 H V O 4 C A 5 T I 6 O N 7 S
O S O A E C O
8 S Y S T E M S R C C C
P I E 9 T E C H U I
I S N P A
T 10 T H 11 E R A P Y I A L
12 D A A K C T
E 13 L P N G 14 D I E T I T I A 15 N
N T E A O U
T 16 O 17 X N N N C
18 I L L U S T R A T O R A L
S D A A L E
T Y L A
R

Lesson SC-03

NAME THAT JOB

It's surprising how often particular terms are associated with particular occupations. What would you think of, for example, if we said "scalpel" and "Rorschach"? Most people would realize almost immediately that we are thinking of a surgeon and a psychiatrist (or psychologist) in connection with each of these terms. Naturally, it's risky trying to identify any specific occupation on the basis of a single term or expression. But sometimes it's a good way to find out how well you have a general idea as to what certain health occupations are like.

The game contained in this activity is one way for you to find out how much you have learned already about certain health services occupations. In the column at the left are a number of terms that describe or are related to various careers in the health sciences. The right-hand column contains a list of health vocations. Your job is to match the terms on the left with the occupations on the right. Beware, however, as there may be extra or missing terms on either or both sides. If none of the occupations are appropriate, the correct answer is *"none."*

DESCRIPTIONS	OCCUPATIONS
_____ 1. prescription	A. podiatrist
_____ 2. audiometer	B. psychologist
_____ 3. lead shield	C. dermatologist
_____ 4. calorie counting	D. surgeon
_____ 5. prenatal clinic	E. food service administrator
_____ 6. symptomometer	F. pharmacist
_____ 7. crossed eyes	G. audiologist or speech pathologist
_____ 8. rabies vaccination	H. opthalmologist
_____ 9. corrective shoes	I. medical illustrator
_____ 10. massage therapy	J. X-ray technician
_____ 11. IQ testing	K. histologic technician
_____ 12. hospital food purchasing	L. veterinarian
_____ 13. anatomy diagrams	M. medical assistant
_____ 14. appointments with doctor	N. dietitian
_____ 15. acne	O. physical therapist
_____ 16. transplants	P. public health nurse

NAME THAT JOB

1. F
2. G
3. J
4. N
5. P
6. none
7. H
8. L
9. A
10. O
11. B
12. E
13. I
14. M
15. C
16. D

(Note also that K matches nothing.)

LESSON PLAN SC-03

UNIT **HEALTH CAREERS**

COMPETENCY

Explore, search, and make informed decisions about a health career. Identify educational programs and occupations available to health care workers.

PERFORMANCE OBJECTIVE

Upon completion of this unit, the student will be able to compare the educational requirements for associate, bachelor's, and master's degrees; contrast the differences between certification, registration, and licensure; describe a variety of health careers by definitions, duties, educational requirements, and employment; investigate a health career by writing for information; interpret abbreviations used to identify health workers; and define and pronounce key terms.

BASIC SKILL(S)

Reading: Demonstrate comprehension of assignments.
Writing: Write complete sentences with proper structure.

BASIC SKILLS OBJECTIVE(S)

Reading: Read and understand assigned material.
Writing: Use complete sentences and correct English skills in completing assignments.

INSTRUCTIONAL ACTIVITIES

1. Instruct the student to read **Diversified Health Occupations**, 2d edition, pp. 13-33.
2. Instruct the student to complete Key Terms assignment as directed by the instructor.
3. Instruct the student to complete **Diversified Health Occupations: Workbook**, 2d edition, pp. 4-8.
4. Instruct the student to complete other assignments as directed. Use **Diversified Health Occupations: Teacher's Resource Kit**, 2d edition, or attached activities (1-6) or any you may have.
5. Instruct the student to review available audio resources as they pertain to this lesson and as directed.
6. Instruct the student to take notes and participate in class discussion and activities. (See notes in **Diversified Health Occupations: Teacher's Resource Kit**, 2d edition.)
7. Order for student use **200 Ways to Put Your Talent to Work in the Health Field.**
8. Complete final evaluation with _____% accuracy.

LESSON PLAN SC-03

INSTRUCTIONAL MATERIALS/RESOURCES

1. Simmers. **Diversified Health Occupations**, 2d edition.
2. ------. ------: **Teacher's Resource Kit**, 2d edition.
3. ------. ------: **Workbook**, 2d edition.
4. Thomas. **Tabor's Cyclopedic Medical Dictionary** or any other.
5. Filmstrips, videos, or transparencies.

EVALUATION

Mastery will be determined by scoring a minimum of _____% on a written exam. Any type of demonstration as desired for part of the exam may be included.

Lesson SC-04

Identifying Selected Health Care Agencies and Services Available in the Community

Introduction

It is the responsibility of every health care worker to help patients solve their health problems using the most effective means. Since the health care industry has many delivery systems, it is important that the potential health care worker be aware of the many health care agencies and facilities, their delivery systems, their organizations, and some of their major services.

When you understand how health care facilities and agencies serve the public, you will be a resource person for other members of your community. As a health care worker, it is important that you are aware of all the different ways service is provided.

Learning Activities

1. Read **Diversified Health Occupations**, 2d edition, pp. 5-12.
2. Complete Key Terms assignment as directed by instructor.
3. Complete **Diversified Health Occupations: Workbook**, 2d edition, pp. 1-3.
4. Complete other assignments as directed by instructor. Use **Diversified Health Occupations: Teacher's Resource Kit**, 2d edition, or attached activities or any you may have.
5. Review available audio resources as they pertain to this lesson and as directed by your instructor.
6. Take notes and participate in class discussion and activities. (See notes in **Diversified Health Occupations: Teacher's Resource Kit**, 2d edition.)
7. Complete final evaluation with _____% accuracy.

Lesson SC-04

Key Terms

Clinic
Cost containment
Dental office
Diagnostic related groups (DRGs)
Emergency care
Geriatric care
Health department
Health insurance plan
Health maintenance organization (HMOs)
Home health care
Hospital
Industrial health care centers
Laboratory
Long-term care facility
Medicaid
Medical office
Medicare
Mental health
National Institutes of Health
Nonprofit agency
Organizational structure
Preferred provider organization (PPOs)
Rehabilitation
School health services
U.S. Department of Health and Human Services
Voluntary agency
Wellness
World Health Organization
Workers' Compensation

LESSON PLAN 5C-04

UNIT **HEALTH CARE AGENCIES**

COMPETENCY

Identify selected health care agencies and services available in the community.

PERFORMANCE OBJECTIVE

Upon completion of this unit, the student will describe types of health care facilities; analyze two government agencies and their services; describe three services offered by nonprofit agencies; compare basic principles of at least four different insurance plans; explain the organizational structure for health care facilities; identify three current trends in health care; and define, pronounce, and spell key terms.

BASIC SKILL(S)

Reading: Demonstrate comprehension of assignments.
Writing: Write complete sentences.

BASIC SKILLS OBJECTIVE(S)

Reading: Read and understand assigned material.
Writing: Use complete sentences and correct English skills in completing assignments.

INSTRUCTIONAL ACTIVITIES

1. Instruct the student to read **Diversified Health Occupations**, 2d edition, pp. 5-12.
2. Instruct the student to complete Key Terms assignment as directed by the instructor.
3. Instruct the student to complete **Diversified Health Occupations: Workbook**, 2d edition, pp. 1-3.
4. Instruct the student to complete other assignments as directed. Use **Diversified Health Occupations: Teacher's Resource Kit**, 2d edition, or attached activities or any you may have.
5. Instruct the student to review available audio resources as they pertain to this lesson and as directed.
6. Instruct the student to take notes and participate in class discussion and activities. (See notes in **Diversified Health Occupations: Teacher's Resource Kit**, 2d edition.)
7. Instruct the student to complete final evaluation with _____% accuracy.

INSTRUCTIONAL MATERIALS/RESOURCES

1. Simmers. **Diversified Health Occupations**, 2d edition.
2. ------, ------; **Teacher's Resource Kit**, 2d edition.
3. ------, ------; **Workbook**, 2d edition.
4. Thomas. **Tabor's Cyclopedic Medical Dictionary** or any other.
5. Filmstrips, videos, or transparencies.

LESSON PLAN SC-04

EVALUATION

Mastery will be determined by scoring a minimum of _____% on a written exam. Any type of demonstration as desired for part of the exam may be included.

Lesson SC-05

Preparing Items for Sterilization

Introduction

Sterilization is exposing articles to heat or to chemical disinfectants long enough to kill all microorganisms and spores. All items used in patient care must have been through some type of sterilization process to prevent infections.

Learning Activities

1. Read **Diversified Health Occupations**, 2d edition, pp. 169-83.
2. Complete Key Terms assignments as directed by instructor.
3. Complete **Diversified Health Occupations: Workbook**, 2d edition, pp. 110-23.
4. Complete other assignments as directed by the instructor.
5. Review available audiovisual resources as directed by the instructor.
6. Complete final evaluation with _____% accuracy.

Key Terms

Autoclave
Clean
Disinfection
Spores
Sterile
Sterilization

Lesson SC-05

Student Worksheet

WORD SCRAMBLE

1. ELCNA - not dirty
2. LTEEISR - no microorganisms
3. EVALCUTOA - sterilizes items
4. ZATIISONRILE - the way to get rid of germs
5. NOITFINSIDEC - gets rid of dirt
6. SSEORP - germs with shells

Lesson SC-05

Answer Key

Student Worksheet

WORD SCRAMBLE

1. Clean
2. Sterile
3. Autoclave
4. Sterilization
5. Disinfection
6. Spores

LESSON PLAN SC-05

UNIT **NURSING ASSISTANT SKILLS**

COMPETENCY

Prepare items for sterilization.

PERFORMANCE OBJECTIVE

Upon completion of this unit, the student will demonstrate a knowledge of the terminology and the basic principles related to preparing items for sterilization.

BASIC SKILL(S)

Reading: Demonstrate comprehension of assignments.
Writing: Write complete sentences.

BASIC SKILLS OBJECTIVE(S)

Reading: Read and understand assigned material.
Writing: Use complete sentences and correct English skills in completing assignments.

INSTRUCTIONAL ACTIVITIES

1. Assign the student to read **Diversified Health Occupations**, 2d edition, pp. 169-83.
2. Assign the student to define Key Terms and write a complete sentence with each.
3. Assign the student to complete **Diversified Health Occupations: Workbook**, 2d edition, pp. 110-23.
4. Conduct discussion.
5. Assign the student to complete other instructor-directed assignments.
6. View available audiovisual resources with student.
7. Demonstrate correct techniques for preparing various items for sterilization.

INSTRUCTIONAL MATERIALS/RESOURCES

1. Simmers. **Diversified Health Occupations**, 2d edition.
2. ------. ------: **Workbook**, 2d edition.
3. Thomas. **Tabor's Cyclopedic Medical Dictionary.**
4. Mullins, ed. **Mosby's Medical and Nursing Dictionary**, 2d edition.
5. Available audiovisual resources.

EVALUATION

The student will demonstrate correct preparation of various items for sterilization using text check sheet or teacher-made check sheet and score a minimum of _____% on a teacher-prepared examination.

Lesson SC-06

Using Sterile Techniques to Change Routine Dressings

Introduction

The frequency with which dressings are changed is dependent upon the needs of the patient and, to some extent, upon the orders of the physician. The most important requirement for successful care of a wound is careful asepsis.

Learning Activities

1. Read **Diversified Health Occupations**, 2d edition, pp. 184-91.
2. Complete Key Terms assignments as directed by the instructor.
3. Complete **Diversified Health Occupations: Workbook**, 2d edition, pp. 124-30.
4. Complete other assignments as directed by the instructor.
5. Review available audiovisual resources as directed by the instructor.
6. Complete final evaluation with _____% accuracy.

Key Terms

Antiseptic
Asepsis
Bacteria
Circular
Clean
Contaminate
Dirty
Discard
Disinfectant
Dressings
Nonpathogen
Nosocomial
Packing
Pathogen
Skin clips
Sterile
Sterilize
Sutures
Thumb forceps
Transmission

Lesson SC-06

Name _____ Date _____

SEEK AND FIND

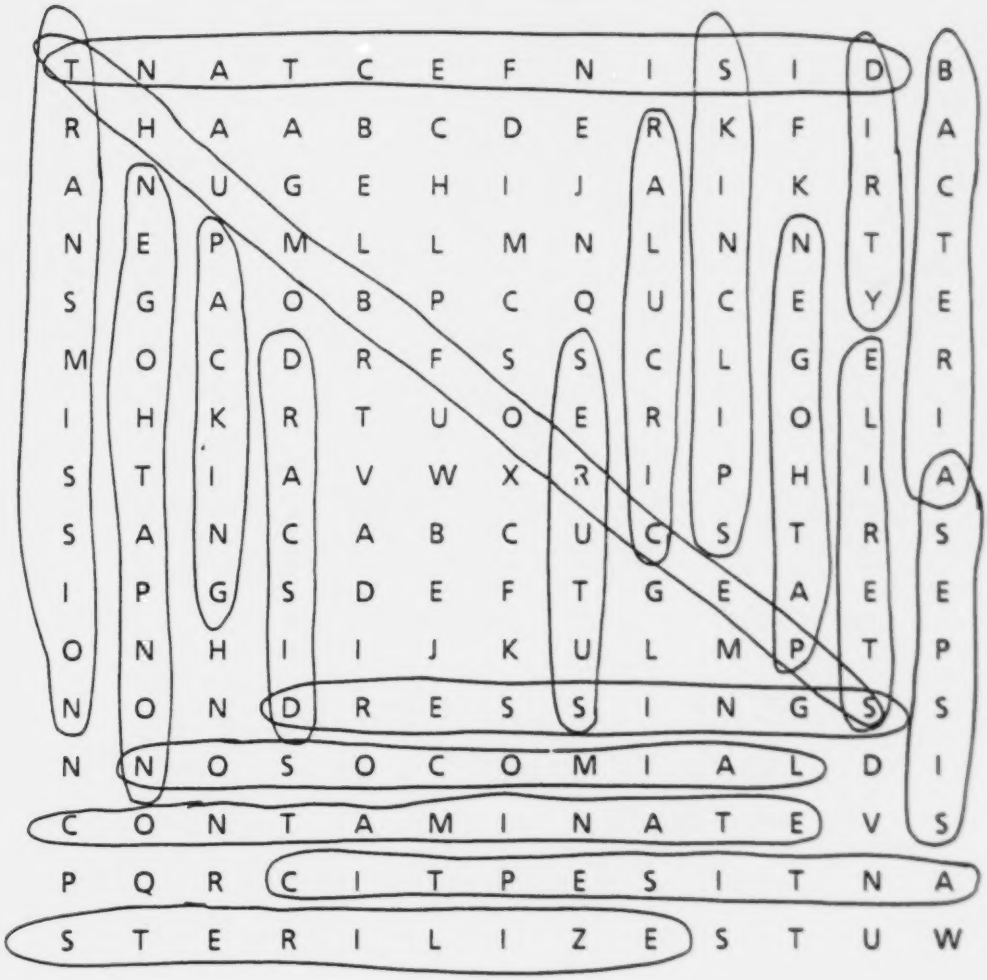
T N A T C E F N I S I D B
R H A A B C D E R K F I A
A N U G E H I J A I K R C
N E P M L L M N L N N T T
S G A O B P C Q U C E Y E
M O C D R F S S C L G E R
I H K R T U O E R I O L I
S T I A V W X R I P H I A
S A N C A B C U C S T R S
I P G S D E F T G E A E E
O N H I I J K U L M P T P
N O N D R E S S I N G S S
N N O S O C O M I A L D I
C O N T A M I N A T E V S
P Q R C I T P E S I T N A
S T E R I L I Z E S T U W

THUMB FORCEPS
SKIN CLIPS
CONTAMINATE
NONPATHOGEN
ASEPSIS
DISINFECTANT
DIRTY
DRESSINGS
PACKING
BACTERIA
NOSOCOMIAL
ANTISEPTIC
STERILIZE
STERILE
SUTURES
CIRCULAR
PATHOGEN
TRANSMISSION
DISCARD

Lesson SC-06 **Answer Key**

Name _____ Date _____

SEEK AND FIND


T N A T C E F N I S I D B
R H A A B C D E R K F I A
A N U G E H I J A I K R C
N E P M L L M N L N N T T
S G A O B P C Q U C E Y E
M O C D R F S S C L G E R
I H K R T U O E R I O L I
S T I A V W X R I P H I A
S A N C A B C U C S T R S
I P G S D E F T G E A E E
O N H I I J K U L M P T P
N O N D R E S S I N G S S
N N O S O C O M I A L D I
C O N T A M I N A T E V S
P Q R C I T P E S I T N A
S T E R I L I Z E S T U W

THUMB FORCEPS
SKIN CLIPS
CONTAMINATE
NONPATHOGEN
ASEPSIS
DISINFECTANT
DIRTY

DRESSINGS
PACKING
BACTERIA
NOSOCOMIAL
ANTISEPTIC
STERILIZE
STERILE

SUTURES
CIRCULAR
PATHOGEN
TRANSMISSION
DISCARD

40

LESSON PLAN SC-06

UNIT **NURSING ASSISTANT SKILLS**

COMPETENCY

Use sterile techniques to change routine dressings.

PERFORMANCE OBJECTIVE

Upon completion of this unit, the student will demonstrate a knowledge of the terminology and the basic principles related to using sterile techniques to change routine dressings.

BASIC SKILL(S)

Reading: Demonstrate comprehension of assignments.
Writing: Write complete sentences.

BASIC SKILLS OBJECTIVE(S)

Reading: Read and understand assigned material.
Writing: Use complete sentences and correct English skills in completing assignments.

INSTRUCTIONAL ACTIVITIES

1. Assign the student to read **Diversified Health Occupations**, 2d edition, pp. 184-91.
2. Assign the student to define Key Terms and write a complete sentence with each.
3. Assign the student to complete **Diversified Health Occupations: Workbook**, 2d edition, pp. 124-30.
4. Conduct discussion.
5. Assign the student to complete other instructor-directed assignments.
6. View available audiovisual resources with student.
7. Demonstrate correct procedures for using sterile technique to change routine dressings.

INSTRUCTIONAL MATERIALS/RESOURCES

1. Simmers. **Diversified Health Occupations**, 2d edition.
2. ------. ------: **Workbook**, 2d edition.
3. Thomas. **Tabor's Cyclopedic Medical Dictionary.**
4. Mullins, ed. **Mosby's Medical and Nursing Dictionary**, 2d edition.
5. Available audiovisual resources.

EVALUATION

The student will demonstrate correct dressing change using sterile technique and text check sheet or teacher-made check sheets and score a minimum of _____% on a teacher-prepared examination.

Lesson SC-07

Demonstrating Proper Techniques in Using and Caring for the Microscope

Introduction

Used in many health related occupations, the microscope should become a tool with which you become very familiar. By learning the proper use and care of this instrument, you can obtain more accurate results of various diagnostic tests.

Learning Activities

1. Read **Diversified Health Occupations**, 2d edition, pp. 306-9.
2. Complete Key Terms assignments as directed by the instructor.
3. Complete **Diversified Health Occupations: Workbook**, 2d edition, pp. 244-45.
4. Complete other assignments as directed by the instructor.
5. Review available audio resources as directed by the instructor.
6. Read Information Sheets, "Parts of the Microscope," "Care of the Microscope," "Use of the Microscope," and "Types of Microscopes."
7. Complete final evaluation with _____% accuracy.

Key Terms

Binocular microscope
Coarse adjustment
Eyepiece
Fine adjustment
Iris diaphragm
Microscope
Monocular microscope
Objectives
Slide clips
Stage

Lesson SC-07

Information Sheet 1

PARTS OF THE MICROSCOPE

The framework of the microscope consists of several units. The *base* is a firm, horseshoe-shaped foot on which the microscope rests. The *arm* is the structure which supports the magnifying and adjusting systems. The arm also is the handle by which the microscope can be carried without injury to the delicate parts. The *stage* is the horizontal platform or shelf on which the object being observed is placed. In some types of microscopes a "mechanical stage" is added, making the manipulation of the object to be observed much easier.

Good microscopic work cannot be accomplished without proper illumination. The illumination system is, therefore, an important part of the compound microscope. The *mirror* is part of the illumination system. The mirror reflects upward the beam of light directed at it from the microscope light. The mirror has two sides; one is flat and the other concave. The concave side should be used for clinical work. In order to be certain that the mirror is at the correct angle, the ocular is removed and the light centered while the technician is looking through the body tube.

Another part of the illumination system is the *condenser*. This is used to focus the light from the mirror on the material under examination. The condenser is a conical lens system with the point planed off. It can be raised and lowered beneath the stage by means of an adjustment knob. By using the condenser properly, the image field is evenly lighted.

The third and last unit of the illumination system to be discussed in this section is the *iris diaphragm*. This diaphragm consists of a series of horizontally arranged interlocking plates with a central aperture. It can be opened or closed as necessary to adjust the intensity of the light by means of a lever. The size of the aperture and, consequently, the amount of light permitted to pass are regulated by the person using the microscope. The arrangement is similar to the diaphragm on most cameras.

The magnification system contains several important parts and plays an extremely important role in the use of the microscope. The *ocular* or *eyepiece* is a lens which magnifies the image formed by the objective. The usual magnification of the ocular is five times (5X) or ten times (10X). Other oculars, however, can be

Information Sheet 1 continued

obtained with other magnifications. Most modern microscopes have only one ocular, and these are called *monocular* microscopes. The magnification produced by the ocular, when multiplied by the magnification produced by the objective, gives the total magnification of the subject being viewed.

The *objectives* are the major part of the magnification system. There are usually three objectives on each microscope. They are designated according to focal length: 16 mm, 4 mm, and 1.8 mm. The objectives are mounted on the nosepiece which is a pivot, enabling a quick change of objectives. The 16-mm objective is the shortest one and is sometimes called the *low-power* objective. The 4-mm objective is often called the *high-power* objective. The 1.8-mm objective is the longest one and is called the *oil-immersion* objective. The distance from the bottom of the objective and the material being studied on the microscope stage is called the *working distance*. The working distance is very short for the 4-mm and 1.9-mm objectives, and for this reason correct focusing habits are necessary to prevent injuring the objectives against the slide on the stage. Often the term *parfocal* is used in speaking about a microscope. This term means that if one objective is in focus and a switch is made to the use of another objective, the focus will not be lost. The usual magnification of the 16-mm objective is 10X. For the 4-mm objective the usual magnification is 43X and for the 1.8-mm objective 97X. To obtain the total magnification for a microscope, the magnification of the objective is multiplied by the magnification of the ocular. Each type of microscope can have slightly different magnification, depending on the ocular and the objective used. The actual magnification of an objective is inscribed directly on the outside of the objective itself.

The *body* or *mechanical tube* is the part of the microscope through which the light passes to the ocular. This is the tube which actually conducts the image.

The adjustment system enables the body tube to move up or down for focusing the objectives. This system usually consists of two adjustments, one coarse and the other fine. The coarse adjustment gives rapid movement over a wide range and is used to obtain an approximate focus. The fine adjustment gives a very

Information Sheet 1 continued

slow movement over a limited range and is used to obtain exact focus after prior coarse adjustment.

To understand thoroughly the intricate workings of the lens system of the microscope would require a much more detailed study than is deemed feasible at this stage in your training. Rather, it is more important at this time to learn the mechanics in general and to understand how to use and care for the microscope properly.

Lesson SC-07

Information Sheet 2

CARE OF THE MICROSCOPE

The microscope is a precision instrument and must be handled with great care. When it is necessary to transport the microscope, it should always be carried with both hands; it should be carried by the arm and supported under the base with the other hand. When not in use, the microscope should be covered and put away in a microscope case or in a desk or cupboard. It should be left with the low-power objective in place, the body tube barrel adjusted to the lowest position possible, and the condenser down.

The surface of most microscopes is finished with a black or gray enamel and metal plating which is resistant to most laboratory chemicals. These surfaces may be kept clean by washing with a neutral soap and water. To clean the metal and enamel surfaces of the microscope, a gauze should be moistened with the cleaning agent. Rubbing the surface with a circular motion will clean the enamel and metal. These should be dried immediately with a clean, dry piece of gauze. The mirror can also be cleaned in this manner. Gauze should *never* be used to clean any of the optical parts of the microscope.

The glass surfaces of the ocular, the objectives, and the condenser are hand-ground optical lenses. These lenses must be kept meticulously clean. Optical glass is softer than ordinary glass and should never be cleaned with paper tissue or gauze. These materials will scratch the lens. To clean the lenses of the microscope, use lens paper. If a lens is especially dirty, a small amount of xylol may be put on the lens paper. Xylol should be used sparingly, because it can damage the lens mounting if it is allowed to get beyond the front seal. The oil-immersion lens will require the use of a small amount of xylol on the lens paper in order to clean it properly. When xylol is used, the lens should be dried with a piece of lens paper. The lenses should never be touched with the fingers.

Dust can be removed from the lens of the ocular with a camel's hair brush. The oculars should not be removed for more than a few minutes as dust can collect in the tube and settle on the rear lens of an objective. At regular intervals the ocular can be checked for additional dirt by looking through it using the microscope lamp for light. Dirt on any part of the ocular will rotate with the ocular when it is turned.

Information Sheet 2 continued

The stage of the microscope should be cleaned after each use by moistening a piece of gauze with a little xylol. After being cleaned thoroughly, the stage should be wiped dry.

The coarse and fine adjustments occasionally need attention. When there is unusual resistance to any manipulation of these knobs, force must not be used to overcome the resistance. Instead, the cause of the problem must be found first. A small drop of oil may be necessary. It is best to call in a repairman specializing in microscopes when a serious problem occurs.

Lesson SC-07

Information Sheet 3

USE OF THE MICROSCOPE

Most microscopes utilize a lamp of some sort to assist in the illumination system. Some lamps are built into the microscope, and others are separate. The biggest concern in learning how to use a microscope for the first time is the lighting and fine adjustment maneuvers. One must be certain that the mirror, condenser, and diaphragm are in correct adjustment. Light adjustment is made before any focusing is done. The light adjustment is accomplished by raising and lowering the condenser and opening and then narrowing the diaphragm aperture with the low-power objective in place. While looking through the ocular, the diaphragm can be closed until the field is just beginning to be closed off. Next, the condenser should be lowered until the light is even.

The object to be examined is placed on the stage and secured. Usually the object to be observed is placed on a glass microscope slide. Care must be taken to avoid injury to the objectives while placing specimens on the stage. The barrel or tube of the microscope should be raised by means of the coarse-adjustment knob to prevent damage to the objectives.

Focusing is the next technique to be mastered. With the object on the stage and while watching from the side, the low-power objective is brought down as far as it will go, so that it almost meets the top of the specimen to be studied. The coarse adjustment is used for this procedure. The objective must not be in direct contact with the specimen. This must be watched from the side, as stated previously, to avoid damage to the objective. Once the objective is just at the top of the specimen to be examined, the object is slowly focused upward using the coarse-adjustment knob, looking through the ocular while this is being done. When the object is nearly in focus, it is brought into clear focus by use of the fine-adjustment knob. When changing to another objective, the barrel distance must not be changed. As stated previously, most microscopes are parfocal. The only adjustment necessary should be that using the fine-adjustment knob. The fine adjustment is used continuously during the microscopic study.

Information Sheet 3 continued

If a greater magnification is needed, more light is necessary. Additional light is provided by use of immersion oil placed on the viewing slide when the oil-immersion lens (1.8-mm objective) is used. The oil directs the light rays to a finer point. When the oil-immersion lens is to be used, the desired area on the slide is first found by using the 10X (16-mm) objective. Once this area is located, the body tube is raised by using the coarse-adjust knob, a drop of immersion oil is placed on the slide, and the oil-immersion lens is lowered into the oil while the technician looks from the side. The ocular should not be looked through during this adjustment procedure. When the initial adjustment has been made, the fine adjustment is made while looking through the ocular. The oil remaining on the lens of the objective after the study has been completed must be cleaned off using lens paper.

Information Sheet 4

TYPES OF MICROSCOPES

There are other types of microscopes used for special procedures. The *compound microscope* is the one used in routine clinical observations and the one with which the health care worker should become most familiar. A *dark-field microscope* is one in which the light illuminating the object to be magnified is reflected, rather than transmitted, light. As a result, the object under study appears light against a dark background. Any compound microscope may be converted to a dark-field microscope by use of a special dark-field condenser in place of the usual condenser. The dark-field microscope is used to observe the spirochetes in the exudates from leptospiral or syphilitic infections.

Another type of microscope which is used in the laboratory is the *phase microscope*. The optical system of the phase microscope is such that materials with different densities appear to differ from each other in the intensity and the shade of the light transmitted through them. The need for staining is, therefore, eliminated. The phase microscope has found a use in the hematology laboratory in the direct counting of platelets.

The electron microscope is the most powerful type. It utilizes electron beams as a source of light, thus securing greater magnification.

Reprinted by permission of author. Jean Linne and Karen Ringsrud. **Basic Laboratory Technique for the Medical Laboratory Technicians**. New York: McGraw-Hill, 1970.

PARTS OF THE MICROSCOPE

Write the function of each part.

PART	FUNCTION
EYEPIECE OR OCULAR	
REVOLVING NOSEPIECE	
LOW POWER OBJECTIVE	
HIGH POWER OBJECTIVE	
DIAPHRAGM	
STAGE	
STAGE CLIPS	
MIRROR	
TUBE OR BARREL	
ARM	
COARSE ADJUSTMENT	
FINE ADJUSTMENT	

TEMPORARY SLIDE

Prepare a temporary slide.

I. **Materials Needed**

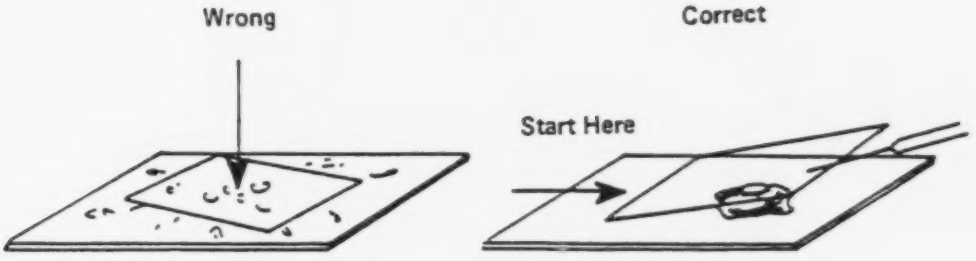
1. Blank slide and cover glass
2. Water and dropper
3. Small newsprint
4. Scissors

II. **Procedure**

1. Cut a single "e" from the smallest newsprint available.
2. Place the "e" right side up on the slide.
3. Add one drop of water on top of the "e."
4. Slide the cover glass at an angle from the left side of the slide until it touches the water, and then gently lower it (Illustration).

   Air trapped under the cover glass will interfere with what you see; therefore, lower the glass slowly at an angle to push the air out the side.

ILLUSTRATION



PREPARATION AND ADJUSTMENT OF THE MICROSCOPE

I. Tools and Materials Needed

1. Microscope
2. Lens paper or clean, soft cloth
3. Slide prepared from Student Assignment Sheet 1

II. Procedure for Preparing the Microscope

1. Carry the microscope with both hands: one hand under the base and the other on the arm.
2. Set the microscope in front of you with the arm toward you.
3. If necessary, clean the lenses with lens paper or a clean, soft cloth.
4. Turn the low power objective into place. When it is in proper position, it will click.
5. Look through the eyepiece and turn the mirror toward a source of light. Never turn the mirror directly toward the sun.
6. Adjust the mirror until a uniform circle of shadowless light appears.

III. Procedure for Adjusting the Microscope

1. Place the slide you prepared from Student Assignment Sheet 1 over the hole in the stage with the letter in the center of the opening.
2. Use the two stage clips to keep the slide from moving.
   Since you are using a wet mount, do not tilt the arm of the microscope.
3. Looking at the low power objective *from the side*, turn the coarse-adjustment knob to lower the objective as low as possible.
4. Look into the eyepiece and slowly turn the coarse adjustment to raise the tube until the "e" comes into focus.
   Always focus with the coarse adjustment knob by *raising* the body tube.
5. Finish focusing by turning the fine adjustment.
   As you examine the letter, turn the fine adjustment slowly back and forth not more than one-half of a turn. This brings out the details at different levels of the object.

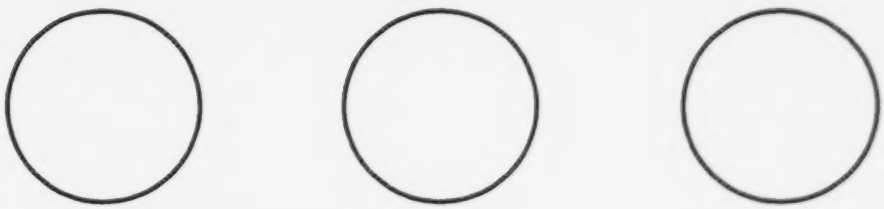
Observations

1. In what way has the microscope changed the position of the letter?
2. In Circle A, make a drawing of the letter "e" as it appeared before you placed it under the microscope.
3. In Circle B, make a drawing of the "e" as it appeared under the microscope.
   Write the magnification of the letter next to the drawing.

4. Raise the tube slightly, then turn the objectives to the high power and focus with the fine adjustment only.
5. In Circle C, make a drawing of the "e" as it appears now. Again, write the magnification of the letter.

ILLUSTRATION

Circle A **Circle B** **Circle C**

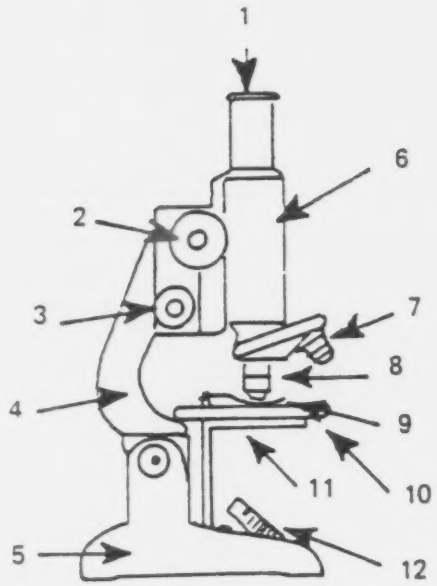


6. While looking through the eyepiece, push the slide away from you. How is the letter moved in the field?
7. Push the slide to the left. How is the position of the letter changed in the field?
8. Can you see as much of the letter under high power as under low power?
9. Adjust the diaphragm. How does this affect what you see?

IV. Procedure for Cleaning Up

1. Clean and dry the slides.
2. Clean and dry the stage.
3. Clean the lens with lens paper.
4. Return the objective to low power.
5. Turn the tube down near the stage, using coarse adjustment.
6. Cover the microscope.
7. Hold the microscope with both hands when returning it to its proper location.

1. Identify the parts of a microscope by writing the correct term next to the correct number.



Arm

Base

Body tube

Coarse-adjustment knob

Diaphragm

Eyepiece

Fine-adjustment knob

High-power objective lenses

Low-power objective lenses

Mirror

Stage

Stage clips

2. List four steps in the use and care of the microscope.

LESSON PLAN SC-07

UNIT MICROSCOPE

COMPETENCY

Demonstrate proper techniques in using and caring for the microscope.

PERFORMANCE OBJECTIVE

Upon completion of this unit, the student will operate the microscope and identify its parts.

BASIC SKILL(S)

Reading: Demonstrate comprehension of assignments.
Writing: Write complete sentences.

BASIC SKILLS OBJECTIVE(S)

Reading: Read and understand assigned material.
Writing: Use complete sentences and correct English skills in completing assignments.

INSTRUCTIONAL ACTIVITIES

1. Instruct the student to read **Diversified Health Occupations**, 2d edition, pp. 306-9.
2. Instruct the student to define Key Terms by writing definitions using complete sentences.
3. Instruct the student to complete **Diversified Health Occupations: Workbook**, 2d edition, pp. 244-45.
4. Conduct discussion and demonstration of microscope parts and use.
5. Instruct the student to read Information Sheets 1-4.
6. Instruct the student to complete Student Assignment Sheets 1-4.
7. Instruct the student to view available audiovisual resources.

INSTRUCTIONAL MATERIALS/RESOURCES

1. Simmers. **Diversified Health Occupations**, 2d edition.
2. ------, ------: **Workbook**, 2d edition.
3. Thomas. **Tabor's Cyclopedic Medical Dictionary.**
4. Mullins, ed. **Mosby's Medical and Nursing Dictionary**, 2d edition.
5. Available audiovisual resources.
6. Microscope.

EVALUATION

Observe the student in actual use of microscope. The student will score a minimum of _____% on a teacher-prepared examination.

LESSON PLAN SC-07

ALTERNATIVE ACTIVITIES

1. Plan a field trip to a hospital laboratory to see how the microscope is used in diagnosing diseases.
2. Ask the student to research the development of the microscope and write a report describing its invention and use.
3. Purchase prepared slides of various tissues, cells, etc., to view. Slides may be loaned from a biology class or community college.

Lesson SC-08

Performing Cardiopulmonary Resuscitation (CPR): Two-Person Rescue and Infant CPR

Introduction

At some time in your life you may find an unconscious victim who is not breathing and may or may not have a heartbeat. Correct action can save a life. Certification courses in CPR are offered by the Red Cross and Heart Association. This section will give you only basic facts about CPR. Certification comes by taking a course from one of the above organizations.

Learning Activities

1. Read **Diversified Health Occupations**, 2d edition, pp. 235-46.
2. Complete Key Terms assignment as directed by the instructor.
3. Complete **Diversified Health Occupations: Workbook**, 2d edition, pp. 172-73.
4. Complete other assignments as directed by the instructor. Use **Diversified Health Occupations: Teacher's Resource Kit**, 2d edition, or attached activities or any you may have.
5. Review available audio resources as they pertain to this lesson and as directed by your instructor.
6. Take notes and participate in class discussion and activities. (See notes in the **Diversified Health Occupations: Teacher's Resource Kit**, 2d edition.)

Key Terms

ABCs (pertaining to CPR)
Abdominal thrust
Airway
Cardiopulmonary resuscitation (CPR)
Cerebrovascular accident
Clinical death
Compression
Conscious
Cyanotic
Heart attack
Hemorrhage
Mannequin
Obstructed
Oxygen
Sternum
Substernal notch
Ventilation
Xiphoid process

LESSON PLAN SC-08

UNIT CARDIOPULMONARY RESUSCITATION

COMPETENCY

Perform cardiopulmonary resuscitation (CPR): two-person rescue and infant CPR.

PERFORMANCE OBJECTIVE

Upon completion of this unit, the student will be able to perform CPR using two-person rescue and rescuing children and babies. If the student desires to be certified, the teacher must provide a certified course usually taught by the Red Cross or Heart Association. Contact the nearest organization. The student should not be encouraged to use CPR skills on the general public unless certified.

BASIC SKILL(S)

Reading: Comprehend assignment.
Math: Count using proper sequence.
Writing: Write using proper sentence structure.

BASIC SKILLS OBJECTIVE(S)

Reading: Read and understand assigned material.
Math: Count correctly while performing CPR.
Writing: Use complete sentences and correct English skills in assignments.

INSTRUCTIONAL ACTIVITIES

1. Instruct the student to read **Diversified Health Occupations**, 2d edition, pp. 235-46.
2. Instruct the student to complete Key Terms assignments as directed by the instructor.
3. Instruct the student to complete **Diversified Health Occupations: Workbook**, 2d edition, pp. 172-73.
4. Instruct the student to complete other assignments as directed by the instructor. Use **Diversified Health Occupations: Teacher's Resource Kit**, 2d edition, or attached activities or any you may have.
5. Instruct the student to review available audio resources as they pertain to this lesson.
6. Instruct the student to take notes and participate in class discussion and activities. (See notes in **Diversified Health Occupations: Teacher's Resource Kit**, 2d edition.)

LESSON PLAN SC-08

INSTRUCTIONAL MATERIALS/RESOURCES

1. Simmers. **Diversified Health Occupations**, 2d edition. (There is a Health Occupations Students of America (HOSA) competition related to these skills.)
2. ------. ------: **Teacher's Resource Kit**, 2d edition.
3. ------. ------: **Workbook**, 2d edition.
4. Thomas. **Tabor's Cyclopedic Medical Dictionary** and any filmstrips, videos, or transparencies that relate to the subject.
5. Red Cross or American Heart Association material.

EVALUATION

The evaluation may include any type of demonstration as desired for part of the exam. Mastery will be determined by scoring a minimum of _____% on a written exam.

Lesson SC-09

Giving Perineal Care and Catheter Care

Introduction

As a health care worker you will need to assist the patient with care and cleansing of the perineal area and care of the indwelling catheter. Perineal care (peri-care) is the term usually applied to the external irrigation or cleansing of the vulva. It is used to prevent infection and prevent odors.

Learning Activities

1. Read **Diversified Health Occupations**, 2d edition, pp. 427-30.
2. Complete Key Terms assignments as directed by the instructor.
3. Complete **Diversified Health Occupations: Workbook**, 2d edition, p. 383.
4. Complete other assignments as directed by the instructor.
5. Review available audiovisual resources as directed by the instructor.
6. Complete final evaluation with _____% accuracy.

Key Terms

Clitoris
Foley catheter
Foreskin
Gravitational flow
Labia majora
Labia minora
Meatus
Penis
Perineum
Stagnant urine
Urethra
Urinary drainage unit
Vagina
Vulva

Lesson SC-09

Name _____ Date _____

PERINEAL AND CATHETER CARE SEEK AND FIND

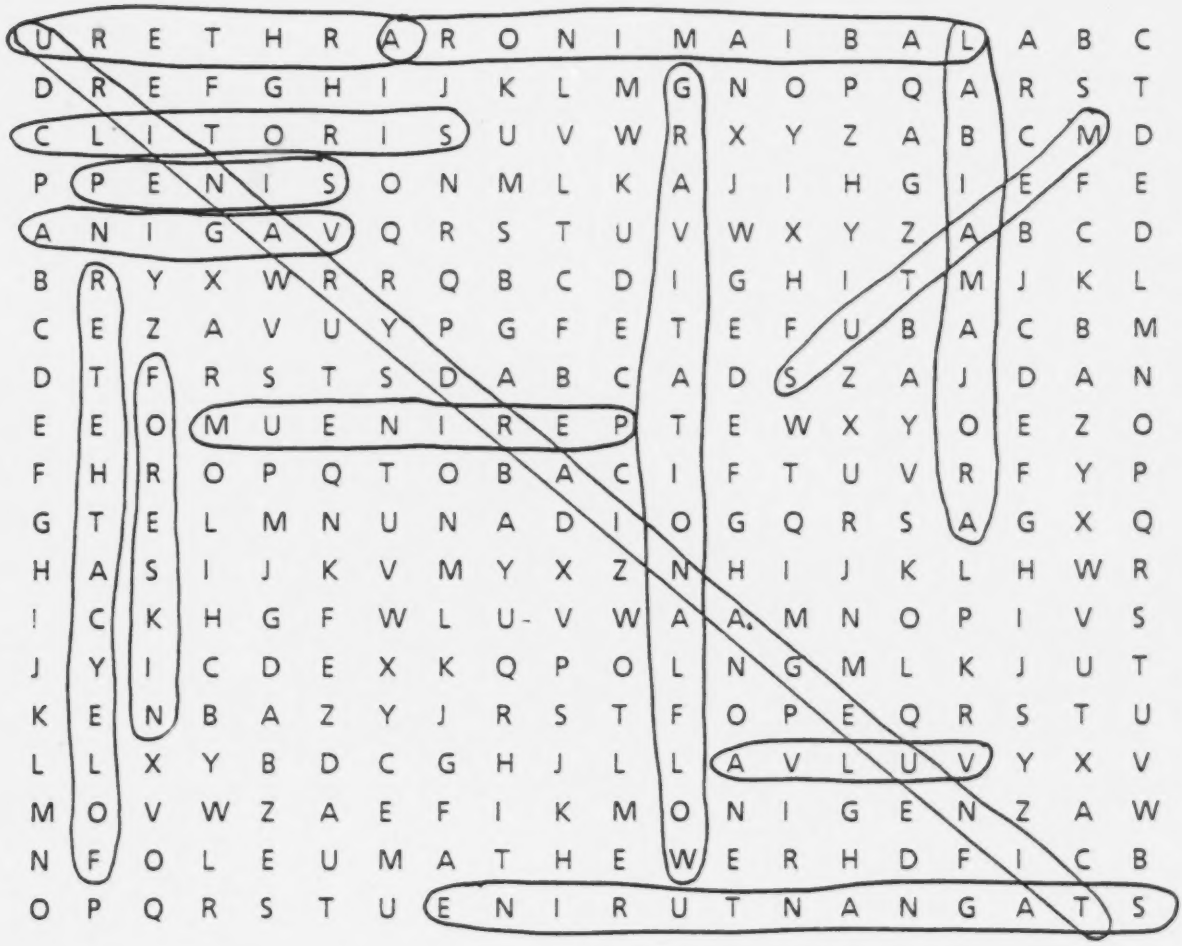
U R E T H R A R O N I M A I B A L A B C
D R E F G H I J K L M G N O P Q A R S T
C L I T O R I S U V W R X Y Z A B C M D
P P E N I S O N M L K A J I H G I E F E
A N I G A V Q R S T U V W X Y Z A B C D
B R Y X W R R Q B C D I G H I T M J K L
C E Z A V U Y P G F E T E F U B A C B M
D T F R S T S D A B C A D S Z A J D A N
E E O M U E N I R E P T E W X Y O E Z O
F H R O P Q T O B A C I F T U V R F Y P
G T E L M N U N A D I O G Q R S A G X Q
H A S I J K V M Y X Z N H I J K L H W R
I C K H G F W L U V W A A M N O P I V S
J Y I C D E X K Q P O L N G M L K J U T
K E N B A Z Y J R S T F O P E Q R S T U
L L X Y B D C G H J L L A V L U V Y X V
M O V W Z A E F I K M O N I G E N Z A W
N F O L E U M A T H E W E R H D F I C B
O P Q R S T U E N I R U T N A N G A T S

URETHRA
LABIA MINORA
CLITORIS
GRAVITATIONAL FLOW
VULVA
STAGNANT URINE
PENIS
VAGINA
FORESKIN
FOLEY CATHETER
URINARY DRAINAGE UNIT
PERINEUM
MEATUS
LABIA MAJORA

Lesson SC-09 **Answer Key**

Name _____ Date _____

PERINEAL AND CATHETER CARE SEEK AND FIND



LESSON PLAN SC-09

UNIT **NURSING ASSISTANT SKILLS**

COMPETENCY

Give perineal care and catheter care.

PERFORMANCE OBJECTIVE

Upon completion of this unit, the student will demonstrate a knowledge of the terminology and the basic principles related to perineal and catheter care.

BASIC SKILL(S)

Reading: Demonstrate comprehension of assignments.
Writing: Write complete sentences.

BASIC SKILLS OBJECTIVE(S)

Reading: Read and understand assigned material.
Writing: Use assigned terminology.

INSTRUCTIONAL ACTIVITIES

1. Assign the student to read **Diversified Health Occupations**, 2d edition, pp. 427-30.
2. Assign the student to define Key Terms and write a complete sentence with each one.
3. Assign the student to complete **Diversified Health Occupations: Workbook**, 2d edition, p. 383.
4. Conduct discussion.
5. Assign the student to complete other instructor-directed assignments.
6. View available audiovisual resources with class.
7. Demonstrate correct techniques for catheter and peri-care.

INSTRUCTIONAL MATERIALS/RESOURCES

1. Simmers. **Diversified Health Occupations**, 2d edition.
2. ------. ------: **Workbook**, 2d edition.
3. Thomas. **Tabor's Cyclopedic Medical Dictionary.**
4. Mullins, ed. **Mosby's Medical and Nursing Dictionary**, 2d edition.
5. Available audiovisual resources.

EVALUATION

The student will demonstrate catheter care and perineal care using text check sheets or teacher-made check sheets and score a minimum of _____% on a teacher-prepared examination.

LESSON PLAN SC-09

ALTERNATIVE ACTIVITIES

1. Have student write a one-page report on the effects of poor peri-care or catheter care.
2. Invite a urologist to talk to the class about proper catheter care.
3. Have student complete seek and find terminology puzzle.

Lesson SC-10

Assisting with Basic Procedures in Caring for the Newborn, Infant, and/or Child

Introduction

Pediatrics is that branch of medicine that deals with the development and care of children. Human growth and development is a process that begins at birth and ends at death. Individual needs must be met at all stages. Health care workers need to be aware of the needs of newborns, infants, children, and adults in order to be effective care givers.

Learning Activities

1. Read **Diversified Health Occupations**, 2d edition, pp. 86-95, "Human Growth and Development."
2. Complete definitions for the Key Terms assignments as directed by the instructor.
3. Complete **Diversified Health Occupations: Workbook**, 2d edition, pp. 53-55.
4. Complete other assignments as directed by the instructor.
5. Review available audiovisual resources as directed by the instructor.
6. Complete final evaluation to the satisfaction of the instructor.

Lesson SC-10

Key Terms

Acceptance
Adolescence
Affection
Anger
Anorexia nervosa
Bargaining
Birth defect
Bulimarexia
Bulimia
Chemical abuse
Circumcision
Communication
Daydreaming
Defense mechanisim
Denial
Depression
Displacement
Down's syndrome
Emotional
Esteem
Infancy
Meconium stool
Nevi
Puberty
Rubella
Rubeola
Sexuality
Suicide
Varicella
Vernix caseosa

LESSON PLAN SC-10

UNIT **NURSING ASSISTANT SKILLS**

COMPETENCY

Assist with basic procedures in caring for chidren.

PERFORMANCE OBJECTIVE

Upon completion of this unit, the student will demonstrate knowledge of the terminology and basic principles related to care of the newborn, infant, and/or child.

BASIC SKILL(S)

Reading: Demonstrate comprehension of assignments.
Writing: Write complete sentences.
Math: Measure correctly.

BASIC SKILLS OBJECTIVE(S)

Reading: Read and understand assigned material.
Writing: Use assigned terminology.
Math: Measure growth of child.

INSTRUCTIONAL ACTIVITIES

1. Instruct the student to read **Diversified Health Occupations**, 2d edition, pp. 86-95.
2. Instruct the student to define Key Terms and write a complete sentence with each one.
3. Instruct the student to complete **Diversified Health Occupations: Workbook**, 2d edition, pp. 53-55.
4. Conduct discussion.
5. Instruct the student to complete other instructor-directed assignments.
6. View available audiovisual resources with class.
7. Demonstrate correct care of newborn, infant, and/or child.

INSTRUCTIONAL MATERIALS/RESOURCES

1. Simmers. **Diversified Health Occupations**, 2d edition.
2. ------, ------: **Workbook**, 2d edition.
3. Thomas. **Tabor's Cyclopedic Medical Dictionary.**
4. Mullins, ed. **Mosby's Medical and Nursing Dictionary**, 2d edition.
5. Available audiovisual resources.

EVALUATION

The student will demonstrate procedures using **Diversified Health Occupations** or teacher-made check sheets and score a minimum of _____% on a teacher-prepared examination.

LESSON PLAN SC-10

ALTERNATIVE ACTIVITIES

1. Have student write a one-page report on the necessity of childhood immunizations.
2. Invite a pediatrician to talk with class on stages of maturity of children 1-5 years of age.
3. Visit a children's hospital and have student report on difference between adult and children's hospitals.
4. Visit a health department's well baby clinic and observe normal checkups and immunizations of children.
5. Have student compare methods and findings when checking vital signs of a baby, child, and adult.
6. Have student write a report on common birth defects and the treatment needed for each.
7. Have student write a report on common childhood illnesses.

Lesson SC-11

Removing Fecal Impaction

Introduction

Patients who are unable to defecate for an extended period of time suffer from a disorder known as a fecal impaction. Health care assistants should be aware of measures to prevent this complication as well as methods to treat this very uncomfortable condition; however, check with your institution's policy/procedure guidelines regarding its standard of care for this procedure.

Learning Activities

1. Read **Mosby's Textbook for Nursing Assistants**, 2d edition, p. 244, or other available resource text.
2. Read Information Sheet.
3. List ways to prevent fecal impaction on a separate paper.
4. Review available audiovisual resources as directed by the instructor.
5. Simulate fecal impaction removal procedure.
6. Complete final evaluation with _____% accuracy.

Key Terms

Abdominal distention
Constipation
Enema
Fecal Impaction
Hernia
Laxative
Stool
Suppository
Waterproof pad

Lesson SC-11

Information Sheet

Fecal Impaction Removal

1. Explain to the patient what you are going to do. Also, explain how the patient can help.
2. Wash your hands.
3. Assemble equipment.
   a. Bedpan
   b. Lubricating jelly
   c. Disposable gloves
   d. Waterproof bed protector
   e. Toilet tissue
   f. Bath blanket
4. Identify the patient.
5. Provide for the patient's privacy.
6. Raise the bed to its highest horizontal level or to a level where you can use good body mechanics.
7. Lower the side rail on the side you are working on.
8. Cover the patient with the bath blanket.
9. Position the patient in the left Sim's position or in a comfortable side lying position.
10. Place the waterproof pad underneath the buttocks.
11. Put on the disposable gloves.
12. Place the bedpan behind the patient.
13. Lubricate the middle finger of your dominant hand.
14. Separate the buttocks to expose the anus.
15. Ask the patient to take a deep breath through the mouth.
16. Insert the lubricated finger gently into the anus.
17. *GENTLY* remove any fecal mass felt. *STOP* procedure if you see *ANY BLOOD*.
18. If unable to remove any fecal mass, consult with doctor about administering an enema to remove the fecal impaction.
19. Assist the patient in cleaning the perineal area.
20. Remove the bedpan, waterproof underpad, and other equipment. Cover the patient with the bedclothes and remove the bath blanket.
21. Raise the side rail and lower the bed to its lowest position.
22. Help patient wash hands.
23. Empty, clean, and disinfect the bedpan. Do not flush the toilet until the nurse observes the results. Replace the bed in its proper place.
24. Discard disposable equipment.
25. Wash your hands.
26. Report your observations to the nurse.

LESSON PLAN SC-11

UNIT **NURSING ASSISTANT SKILLS**

COMPETENCY

Remove a fecal impaction.

PERFORMANCE OBJECTIVE

Given a patient and a hospital or nursing home setting, the student will remove a fecal impaction according to the established procedure.

BASIC SKILL(S)

Reading: Demonstrate comprehension of assignment.
Writing: Write list of preventative measures.

BASIC SKILLS OBJECTIVE(S)

Reading: Read and understand assigned material.
Writing: Write assigned composition.

INSTRUCTIONAL ACTIVITIES

1. Instruct the student to read **Mosby's Textbook for Nursing Assistants**, 2d edition, p. 244, or other available resource text.
2. Instruct the student to read Information Sheet "Fecal Impaction Removal."
3. Conduct discussion.
4. Instruct students to make a list of ways to prevent fecal impactions in patients.
5. View available audiovisual resources.
6. Demonstrate procedure.
7. Have student simulate procedure.

INSTRUCTIONAL MATERIALS/RESOURCES

1. Sorrentino. **Mosby's Textbook for Nursing Assistants**, 2d edition, or other available text.
2. Information Sheet "Fecal Impaction Removal."
3. Available audiovisual resources.

EVALUATION

The student will demonstrate the procedure for removing a fecal impaction and score _____% on a teacher-made test.

Lesson SC-12

Assisting with Routine Colostomy Care of Selected Patients

Introduction

Certain diseases or disorders of the large intestine require surgery that may create a stoma, or opening, in the intestine through the abdominal wall. This "colostomy" becomes the site where feces leaves the body instead of through the rectum. Health care assistants are many times required to assist a patient with the hygienic care of the colostomy.

Learning Activities

1. Read Information Sheets as assigned.
2. Complete Key Terms assignments as directed by the instructor.
3. Complete worksheet as directed by the instructor.
4. Complete other assignments as directed by the instructor.
5. Review available audiovisual resources as directed by the instructor.
6. Complete final evaluation with _____% accuracy.

Key Terms

Adhesion
Anastomosis
Colectomy
Colitis
Colostomy
Diverticulitis
Diverticulum
Double-barrel colostomy
Excoriation
Flatus
Karaya
Orifice
Ostomate
Ostomy
Stenosis
Stoma
Volvulus

Lesson SC-12

Information Sheet 1

COLOSTOMY CARE AND CONSIDERATIONS

Colostomies may be temporary or permanent. They can temporarily allow an injured or inflamed bowel time to heal, or they can follow an extensive reconstructive surgical procedure. A permanent colostomy is made when the lower bowel is removed as for cancer.

This type of ostomy can be performed in various sites.

1. Descending colon
2. Transverse colon
   a. Single opening--involving only one segment of the bowel protruding through the abdominal wall.
   b. Double barrel--involving the bowel segment completely severed and both the distal and proximal loop protruding through the abdominal wall. Feces is eliminated from the proximal loop and the distal is inactive.
3. Ascending colon
4. Ileum (known as an ileostomy)

Lesson SC-12

Information Sheet 2

SKIN CARE AND ODORS RELATED TO COLOSTOMY CARE

Skin Care

Discharge from an abdominal stoma is particularly irritating to the skin. Keeping the skin surrounding the stoma and the adjacent incision clean, dry, and protected is very important in preventing odors, irritations, excoriations, and infections. Selection of techniques in caring for the skin is influenced by the fluid state and the nature of the discharge.

It is easier to prevent irritation than to treat it. The skin can remain healthy only if it is kept clean and dry.

1. Inspect the skin around the stoma (peristomal skin) regularly.

2. Clean area around stoma gently, using a mild soap, warm water, and a soft cloth or fiber cleaner.

3. Rinse area thoroughly and blot dry.

Protective agents may be prescribed for irritations (see Illustration B). If heavy ointments are used, an organic solvent such as oil may be used to remove the ointment. *Do not* scrub or pick at the peristomal skin to remove the karaya gum or any other protective agent.

Odors

Odor is usually controlled by the following steps.

1. Follow a proper diet. Avoid foods which can cause gas or may cause an obstruction such as beans, onion, cabbage, and cauliflower.

2. Keep the appliance or dressing clean.

3. Place in the appliance or take orally a tablet containing charcoal, chlorophyll, or bismuth preparations.

Lesson SC-12

Information Sheet 3

COLOSTOMY DRESSING

The care of the patient is directed toward preventing contamination of the surgical wound and keeping the skin in a healthy state. Dressings should be changed as often as necessary to keep the patient dry, clean, and free from odors.

Various methods exist for dressing a colostomy. A protective covering such as Kerodex or petrolatum gauze, or ointments of aluminum paste, zinc oxide, or Desitin ointment may be used on the skin. Ointments must be carefully removed each time the skin is cleansed and a fresh coat of ointment must be reapplied. Any protective covering which is used must be ordered by the physician and must be removed periodically to observe the skin.

Dressings that must be changed frequently are held in place with Montgomery straps.

The following is an example for charting/recording a colostomy dressing.

DATE	TIME	Colostomy dressing changed.
12/9/91	9:00 a.m.	190 cc. greenish-yellow stool
		noted. Stoma and surround-
		ing skin red and irritated.
		A & D ointment applied to
		affected area. Still turns head
		during colostomy care.
		Appears to have difficulty
		accepting stoma and idea of
		caring for self.
		Student Signature

Information Sheet 4

COLOSTOMY APPLIANCES

Once the patient with a colostomy has somewhat regulated his/her bowel movements, a colostomy bag (also known as a pouch) should be applied and instructions given about the care of this colostomy appliance. This will be done by the professional nurse. Depending on the site of the colostomy and the needs of the patient, the bag may be a temporary disposable appliance or a permanent reusable appliance. It may be a good idea for you to become acquainted with the type of colostomy materials available in your hospital and/or your skills laboratory.

Temporary Disposable Bag

The temporary disposable bag is used on patients with colostomies of the descending colon. The bag is secured to the skin with a hypoallergenic adhesive and may be attached to a gasket that is hooked to a belt for added security. The bag can be removed when filled with drainage and replaced with a new disposable bag.

Follow these steps to remove bag.

1. Gently pull off from skin.
2. Remove excess drainage from the stoma and surrounding skin.
3. Empty content of the bag into toilet.
4. Dispose of the bag.

Follow these steps to apply a new bag.

1. Clean the stoma and surrounding skin.
2. Apply powder or ointment around stoma if ordered by physician.
3. Measure stoma to ensure a correct fit of the opening in the bag.
4. Stick the adhesive backing of the disposable back directly into the skin. Make sure to obtain a secure seal to the skin.
5. Remove all air from the bag.
6. Fasten the belt to the gasket on the bag if a belt is used.

Information Sheet 4

Permanent Reusable Bag

This type of bag is used on patients with ileostomies or colostomies of the ascending or transverse colon. This bag requires frequent removal of the drainage due to the continual drainage flow from the stoma.

Permanent reusable bags are attached to the skin with a cement. Since the skin may get irritated from frequently pulling off the disposable bags with the adhesive backing, the permanent bag is designed so that the drainage can be removed from the bag without removing the bag from the skin.

Follow these steps to remove the drainage from the bag.

1. Unplug or unclamp the bottom of the bag; allow contents of the bag to drain into a plastic or stainless steel basin.

2. Empty contents from basin into toilet. If applicable, measure the amount and record on the output sheet.

3. Rinse the bag by instilling tap water into the bag with an Asepto syringe and holding the end of the bag shut. Swish the water around in the bag being careful not to pull on the seal.

4. Drain the water from the bag into a basin and repeat the rinsing procedure.

5. Close the bottom of the bag.

Permanent reusable bags are to be removed *only* when the drainage seeps under the seal or when it is necessary to deodorize or replace the bag. These bags may remain in place for days and even weeks.

Information Sheet 5

COLOSTOMY IRRIGATION

A colostomy irrigation is given for several reasons.

1. To cleanse the intestinal tract
2. To prevent obstruction
3. To establish a regularity of evacuation

The physician will order irrigations for a patient with a new colostomy. The irrigations may begin as soon as two to four days after surgery and are usually prescribed once a day. The first irrigation should be performed by the registered nurse or licensed practical nurse.

Factors to Consider in Irrigating

1. If the opening is permanent, the patient should be taught by the registered nurse to irrigate the colostomy himself/herself as soon as possible. This is a vital part in preparing the patient to adjust to a normal life.
2. All personnel caring for the patient must demonstrate tact, patience, and a positive attitude which are invaluable in helping a patient accept his/her condition.
3. Follow these steps when irrigation is given to establish a regularity of evacuation.
    1. Give irrigation at the same time every day or every other day, depending on the orders.
    2. Have patient watch his/her diet closely to determine any foods which cause loose bowel movements so that they can be avoided.
    3. Avoid and/or eliminate emotional stress since this can cause irregularity.

Spasms in the colon may occur which will prevent irrigations. Wait about 30 seconds and try again. Check the solution temperature; it may be too cold.

Information Sheet 5 continued

A cone may be used in place of a catheter or rectal tube. It eliminates any possibility of perforating the colon. It also acts as a stomal dilator and prevents backflow, thus promoting a more complete evacuation.

The following procedure is one method for irrigating the colostomy using the cone. You should check the policy of your employer concerning the procedure preferred.

Necessary Equipment

1000 cc of normal saline solution (1:9 solution of salt and slightly warm tap water)
Irrigation set containing an irrigator, irrigator sleeve, ostomy belt, and lubricant (If the set is not available, obtain an enema can, a French catheter size 24 to 26, a lubricant, pitcher, and an irrigating drain or sleeve.)
Bath blanket
Toilet paper
Small clothespins or large paper clips
Foam rubber ring (optional)
Portable I.V. standard

Procedure

Method 1: Explain to the patient what you are going to do.
Key Point: Teaching the irrigation procedure to the patient should begin with the first irrigation.

Method 2: Assist patient to bathroom and have him/her sit on chair facing commode.
Key Points: The irrigation can be more effective when performed while the patient is sitting facing the commode.
Pad chair for comfort; use foam rubber ring or pillow. Patient may need to sit for 30 to 45 minutes.

Method 3: Remove colostomy appliance and discard in plastic bag.

Method 4: Apply irrigation sleeve with elastic belt.
Key Point: The sleeve is an appliance which surrounds the exposed stoma. The bottom of the sleeve has an opening which should be placed over the toilet. The irrigating solution leaves the intestine via the irrigation sleeve and into the toilet.

Information Sheet 5 continued

Method 5: Prepare solution as ordered.
Key Point: Never use more than 1000 cc.

Method 6: Hang water bag on I.V. standard and expel air from tubing.
Key Point: The irrigating bag should be high enough for water to flow slowly. Due to modern control valve, height of water is not a factor.

Method 7: Insert the lubricated cone until the fit is snug. If water leaks around the cone, use gentle pressure to block the back flow.
Key Point: Be sure plastic catheter is inserted to tip of cone to prevent leakage. Cone should be fitted into stoma far enough to allow water to flow in and to block any back flow of water around the top (a distance of approximately 6 to 8 inches into the stoma).

Method 8: Allow solution to flow slowly into colostomy (about 1000 cc for 15 to 20 minutes).

Method 9: If severe cramping occurs while instilling the water, stop the flow of water. Hold cone in place and have patient take a few deep breaths. When the cramping subsides, resume the irrigation.

Method 10: After patient has taken all the water or normal saline, clamp the tube and hold cone in place for 2 to 3 minutes. Then remove the cone and allow 15 to 20 minutes for stool and water evacuation.
Key Point: The amount of solution for the first irrigation is never more than 200 to 500 cc. For each subsequent irrigation, the amount is usually increased by 500 cc, up to a maximum of 1000 cc. If too much solution is used, it will not all return and the patient will have spillage. Flushing the toilet several times and rinsing the stool through the sleeve increases the likelihood of patient acceptance of the procedure.

Method 11: After the initial return of stool and water, clamp the bottom of the drain or fold the bottom to the top and clip with small clothespins or large paper clips. Leave sleeve on for approximately one hour.
Key Point: If patient is not unduly fatigued, encourage him/her to use this time to move about--walk; take a bath; shave, etc. Moving about stimulates the bowel to empty more completely.

Information Sheet 5 continued

Method 12: Clean equipment with warm soapy water; rinse and hang on I.V. standard or in bathroom to dry.
Key Points: Hang irrigation bag up with clamp open. Allow tubing to hang freely so it will dry. Sleeve may be washed and used again.

Method 13: Chart/record time, solution, amount, appearance of return, and reaction of patient on Stomal Therapy Record. Note the condition of stoma and surrounding skin and type of appliance applied. Note how much of procedure patient was able to do and teaching accomplished.
Key Points: Most patients require a short rest after a colostomy irrigation before beginning other strenuous procedures.
Colostomy irrigation should be done at the same time each day and preferably by the same nurse. It should also be done at a time of the day which will be convenient for the patient to continue upon returning home.

The following is an example of charting/recording a colostomy irrigation.

DATE	TIME	
12/9/91	10:00 a.m.	Self-colostomy irrigation with
		supervision. 1000 cc tap water
		to irrigate. Large amount of
		brown semi-soft stool with
		much flatus returned. Did well
		with little assistance.
		Student Signature

If the patient is confined to bed, the procedure is the same with the following exceptions.

1. Place the irrigating sleeve securely around the stoma after the solution has been instilled to prevent it from leaking.

2. Clamp the end of the drain or allow contents from the sleeve to flow into a bedpan at the side of the bed.

Lesson SC-12

Student Worksheet

Matching

Use the words in Column A and match them to their definitions in Column B by putting the correct letters in the blanks before the words.

COLUMN A		COLUMN B	
1._____	Ostomate	a.	A substance that protects skin from irritation.
2._____	Colectomy	b.	A person with this type of opening has continuous drainage from the stoma.
3._____	Stoma	c.	Refers to a person with an ostomy.
4._____	Excoriation	d.	A surgical end-to-end union of two hollow body parts.
5._____	Ileostomy	e.	An opening or mouth artificially created between the body cavity and the body's surface.
6._____	Stenosis	f.	Surgical removal of all or part of the large intestine.
7._____	Volvulus	g.	The removal of pieces of skin as a result of scraping or rubbing away.
8._____	Karaya gum	h.	A decrease in diameter, as in a stoma.
9._____	Colostomy	i.	The extension of the last half of the large intestine through the abdominal wall to allow for the expulsion of feces, or the routing of waste materials through an artificial opening on the abdominal wall.
10._____	Anastomosis	j.	A twisting of the bowel upon itself causing an obstruction.

Lesson SC-12

Student Worksheet **Matching**

Answers

1. c.
2. f.
3. e.
4. g.
5. b.
6. h.
7. j.
8. a.
9. i.
10. d.

LESSON PLAN SC-12

UNIT **NURSING ASSISTANT SKILLS**

COMPETENCY

Assist with routine colostomy care of selected patients.

PERFORMANCE OBJECTIVE

Given proper instructions and equipment, the student will change a colostomy bag and perform a colostomy irrigation.

BASIC SKILL(S)

Reading: Demonstrate comprehension of assignments.
Writing: Write complete sentences.

BASIC SKILLS OBJECTIVE(S)

Reading: Read and understand assigned material.
Writing: Use assigned terminology.

INSTRUCTIONAL ACTIVITIES

1. Instruct the student to read Information Sheets.
2. Instruct the student to define Key Terms and write a complete sentence with each one.
3. Conduct discussion.
4. Demonstrate procedures for changing colostomy bag and colostomy irrigation.
5. Instruct the student to practice procedures.
6. Instruct the student to complete other instructor-directed assignments.
7. Instruct the student to view available audiovisual resources.

INSTRUCTIONAL MATERIALS/RESOURCES

1. Information Sheets.
2. Mullins, ed. **Mosby's Medical and Nursing Dictionary**, 2d edition.
3. Thomas. **Tabor's Cyclopedic Medical Dictionary.**
4. Available audiovisual resources.

EVALUATION

The student will correctly demonstrate the procedures of changing a colostomy bag and performing a colostomy irrigation and score a minimum of _____% on a teacher-prepared examination.

LESSON PLAN SC-12

ALTERNATIVE ACTIVITIES

1. Invite an enterostomal therapist to speak to the class about colostomies.
2. Invite a sales representative from a colostomy or medical supply company to show various colostomy products. Sales representatives may also furnish audiovisual resources about colostomies.
3. Have student research different types of ostomies and prepare report that includes reasons for the specific type, operative procedures, etc.

Lesson SC-13

Assisting in Care of Patients with Gastrointestinal Tubes

Introduction

Patients who are unable to take nourishment by mouth are often provided adequate food and fluid intake by gastric gavage or "tube feeding." This is accomplished by giving liquid food through a tube which has been inserted into the nose to the stomach or directly into the stomach through the skin or a gastrostomy. A "T" tube is inserted into the opening made by a surgical incision into the gallbladder. The tube allows for drainage of bile, pus, or gallstones during an acute inflammation of the gallbladder. Health care workers should be aware of the proper procedures for the care of patients with any of these gastrointestinal tubes.

Learning Activities

1. Read **Mosby's Textbook for Nursing Assistants**, 2d edition, p. 276.
2. Complete Key Terms assignments as directed by the instructor.
3. Read Information Sheets 1 and 2.
4. Complete other assignments as directed by the instructor.
5. Review available audiovisual resources as directed by the instructor.
6. Complete final evaluation with _____% accuracy.

Key Terms

Aspiration
Cholecystostomy
Gastrostomy
Gavage
Infusion
Lavage
Nasoenteric tube
Nasogastric tube

Lesson SC-13

Information Sheet 1

Gastrointestinal Tubes

Nasogastric Tube (Levin tube)

- a rubber or plastic tube inserted through the patient's nose into the stomach.

1) Feeding of liquid or semi-liquid nutrition when normal oral feedings are not possible.
2) Aspiration or suctioning of stomach contents.

Nasoenteric Tube

- a rubber or plastic tube inserted through the patient's nose, esophagus, and stomach into the intestinal tract; some tubes are weighted at the top with a mercury filled bag that serves to keep the tube properly placed in the intestine.

1) Feedings, as with nasogastric tubes.
2) Aspiration of intestinal contents.
3) Prevention of gas and fluid distention within the coils of the intestines.

Gastrostomy Tube

- a rubber or plastic tube inserted directly into the stomach by way of a surgical opening in the skin in the left upper quadrant of the abdomen.

Feedings, as with nasogastric tubes.

T-tube (cholecystostomy)

- a rubber tube inserted surgically through the skin into the gallbladder.

Drains bile, pus, or gallstones from the gallbladder after gallbladder surgery or for treatment of acute inflammation of the gallbladder.

Information Sheet 2

General Guidelines

1. Tube feedings are generally given by a nurse, as determined by the laws in each state.
2. Care must be taken to prevent accidentally removing the tubes during patient care.
3. Safety precautions such as wrist restraints may be ordered by the physician to prevent dislodging of the tubes by the patient.

Specific Guidelines--Nasogastric or Nasoenteric Tubes

1. Provide mouth and nose care before and after each tube feeding or at least three times daily if tube feedings are not being given.
2. Make certain that prescribed tube feedings administered are the correct feedings.

Other Tubes

1. Inform the nurse immediately if the tubes become dislodged.
2. *Do not* instill anything into the tubes. This is the responsibility of the nurse.
3. Provide support (emotional and physical) as needed to the patient while he/she is being fed.
4. If the tube feeding is regulated by an infusion pump, notify the nurse immediately if the pump alarm goes off.

LESSON PLAN SC-13

UNIT NURSING ASSISTANT SKILLS

COMPETENCY

Assist in caring of patients with gastrointestinal tubes.

PERFORMANCE OBJECTIVE

Upon completion of this unit, the student will assist with the care of the patient with gastrointestinal tubes (i.e. NG feeding tube and T-tube).

BASIC SKILL(S)

Reading: Demonstrate comprehension of assignments.
Writing: Write complete sentences.

BASIC SKILLS OBJECTIVE(S)

Reading: Read and understand assigned material.
Writing: Use assigned terminology.

INSTRUCTIONAL ACTIVITIES

1. Instruct the student to read **Mosby's Textbook for Nursing Assistants**, 2d edition, p. 276, or other available text.
2. Instruct the student to define Key Terms and write a complete sentence for each one.
3. Conduct discussion.
4. Demonstrate variety of gastrointestinal tubes. (Obtain samples from hospital, nursing home, and medical supply houses.) Allow student to touch tubes.
5. Instruct the student to view available audiovisual resources.
6. Instruct the student to complete other alternative activities.

INSTRUCTIONAL MATERIALS/RESOURCES

1. Sorrentino. **Mosby's Textbook for Nursing Assistants**, 2d edition.
2. Thomas. **Tabor's Cyclopedic Medical Dictionary.**
3. Information Sheets 1 and 2.

EVALUATION

The student will demonstrate knowledge of assisting with the care of the patient with a gastrointestinal tube by completing a teacher-prepared examination and scoring a minimum of _____%.

LESSON PLAN SC-13

ALTERNATIVE ACTIVITIES

1. Contact medical supply houses for available audiovisual resources such as in-service programs for supplemental feeding supplies.
2. Visit a nursing home or hospital to see the different types of gastrointestinal tubes.

Lesson SC-14

Assisting in Providing Preoperative Care to Selected Patients

Introduction

The care of the patient before an operation is an important responsibility of the health care worker. Knowledge of the responsibilities is vital to ensure proper preparation of the patient and to minimize surgical complications.

Learning Activities

1. Read **Diversified Health Occupations**, 2d edition, pp. 448-51.
2. Complete Key Terms assignments as directed by the instructor.
3. Complete **Diversified Health Occupations: Workbook**, 2d edition, p. 411.
4. Complete other assignments as directed by the instructor.
5. Review available audiovisual resources as directed by the instructor.
6. Complete **Diversified Health Occupations: Workbook**, 2d edition, p. 413.
7. Complete final evaluation with _____% accuracy.

Key Terms

Anesthesia
Enema
Operative permit
Preoperative care
Prosthetics
Surgical shave
Urinate
Vaginal irrigation
Void

SAMPLE PREOPERATIVE CHECKLIST

Completed by Health Care Worker

NIGHT BEFORE SURGERY

Patient's name _____

Proper identification made by checking arm band Yes___ No___

Preparation of skin done by _____ at _____ p.m.

Skin prep check by _____ at _____ p.m.

Explained food restrictions to patient, if ary Yes___ No___

"NPO AFTER MIDNIGHT" sign put on patient's bed and explained to the patient Yes___ No___

Enema administered to patient by _____

MORNING OF SURGERY

Bath Yes___ No___

Oral hygiene Yes___ No___

Dentures and removable bridges removed Yes___ No___

Pierced earrings and jewelry removed Yes___ No___

Hairpins, wig, or hairpiece removed Yes___ No___

Sanitary belts removed Yes___ No___

Nail polish removed Yes___ No___

Prosthesis (artificial eye, artificial leg, heaing aid, and so forth) removed Yes___ No___

Contact lenses and glasses removed Yes___ No___

All clothing removed except clean hospitá gown Yes___ No___

Patient allergic to drugs or foods Yes___ No___

If yes, what _____

Pre-op urine specimen obtained and sento lab Yes___ No___

Urinary bladder emptied or urinary drainge bag emptied Yes___ No___

Side rails placed in "up" position Yes___ No___

Operative consent signed and on the chat Yes___ No___

Temperature _____ Pulse _____ Respiration _____

Blood Pressure _____ Weight _____ lb. Height _____ ft. _____ in.

Time patient leaves for the operating roon _____

Observations _____

Signature and title _____

LESSON PLAN SC-14

UNIT NURSING ASSISTANT SKILLS

COMPETENCY

Assist in providing preoperative care to selected patients.

PERFORMANCE OBJECTIVE

Upon completion of this unit, the student will administer preoperative care to a patient in a hypothetical surgical situation.

BASIC SKILL(S)

Reading: Demonstrate comprehension of assignments.
Writing: Write complete sentences.
Math: Calculate/measure vital signs.

BASIC SKILLS OBJECTIVE(S)

Reading: Read and understand assigned material.
Writing: Use assigned terminology.
Math: Measure and record vital signs.

INSTRUCTIONAL ACTIVITIES

1. Instruct the student to read **Diversified Health Occupations**, 2d edition, pp. 448-51.
2. Instruct the student to define Key Terms and write a complete sentence with each.
3. Instruct the student to complete **Diversified Health Occupations: Workbook**, 2d edition, p. 411.
4. Conduct class discussion.
5. Demonstrate the procedure for administering preoperative care.
6. Instruct student to practice the procedure using **Diversified Health Occupations: Workbook**, 2d edition, p. 413, as a guide.
7. Distribute preoperative checklist to student and have him/her use checklist in practice.
8. Instruct the student to complete other instructor-directed assignments.
9. Instruct the student to view available audiovisual resources.

INSTRUCTIONAL MATERIALS/RESOURCES

1. Simmers. **Diversified Health Occupations**, 2d edition.
2. ------, ------: **Workbook**, 2d edition.
3. Preoperative checklist.
4. Available audiovisual resources.

LESSON PLAN SC-14

EVALUATION

The student will demonstrate the procedure of administering preoperative care using evaluation sheet on **Diversified Health Occupations: Workbook**, p. 413 as a guide, correctly complete the preoperative checklist for a hypothetical surgical situation, and score a minimum of _____% on a teacher-prepared examination.

ALTERNATIVE ACTIVITIES

1. Invite an operating room nurse or anesthesiologist to speak to the class about the importance of preoperative care.
2. On index cards, write a description of hypothetical surgical situations. Divide students into pairs and instruct them to simulate the appropriate preoperative care for those situations, including shaving of the operative area, enemas, vaginal irrigations, etc., as necessary.

Lesson SC-15

Assisting in Providing Postoperative Care to Selected Patients

Introduction

When a patient returns from surgery, he/she is totally dependent on the nursing staff for every need. The health care worker must provide safety and comfort, prevent complications, and perform basic nursing techniques to determine the patient's condition. The worker must measure and record vital signs; assist patient to turn, cough, and breathe deeply; assist in performing range of motion exercises; help maintain proper body alignment; provide care when patient receives intravenous therapy; and check dressings for drainage and describe results.

Learning Activities

1. Read **Diversified Health Occupations**, 2d edition, pp. 449-50, 452-56, 149-65, 386-89, 190-92.
2. Complete Key Terms assignments as directed by the instructor.
3. Review **Diversified Health Occupations: Workbook**, 2d edition, p. 411.
4. Complete **Diversified Health Occupations: Workbook**, 2d edition, p. 416.
5. Complete other assignments as directed by the instructor.
6. Review available audiovisual resources as directed by the instructor.
7. Complete **Diversified Health Occupations: Workbook**, 2d edition, pp. 414-15, 417.
8. Complete final evaluation with _____% accuracy.

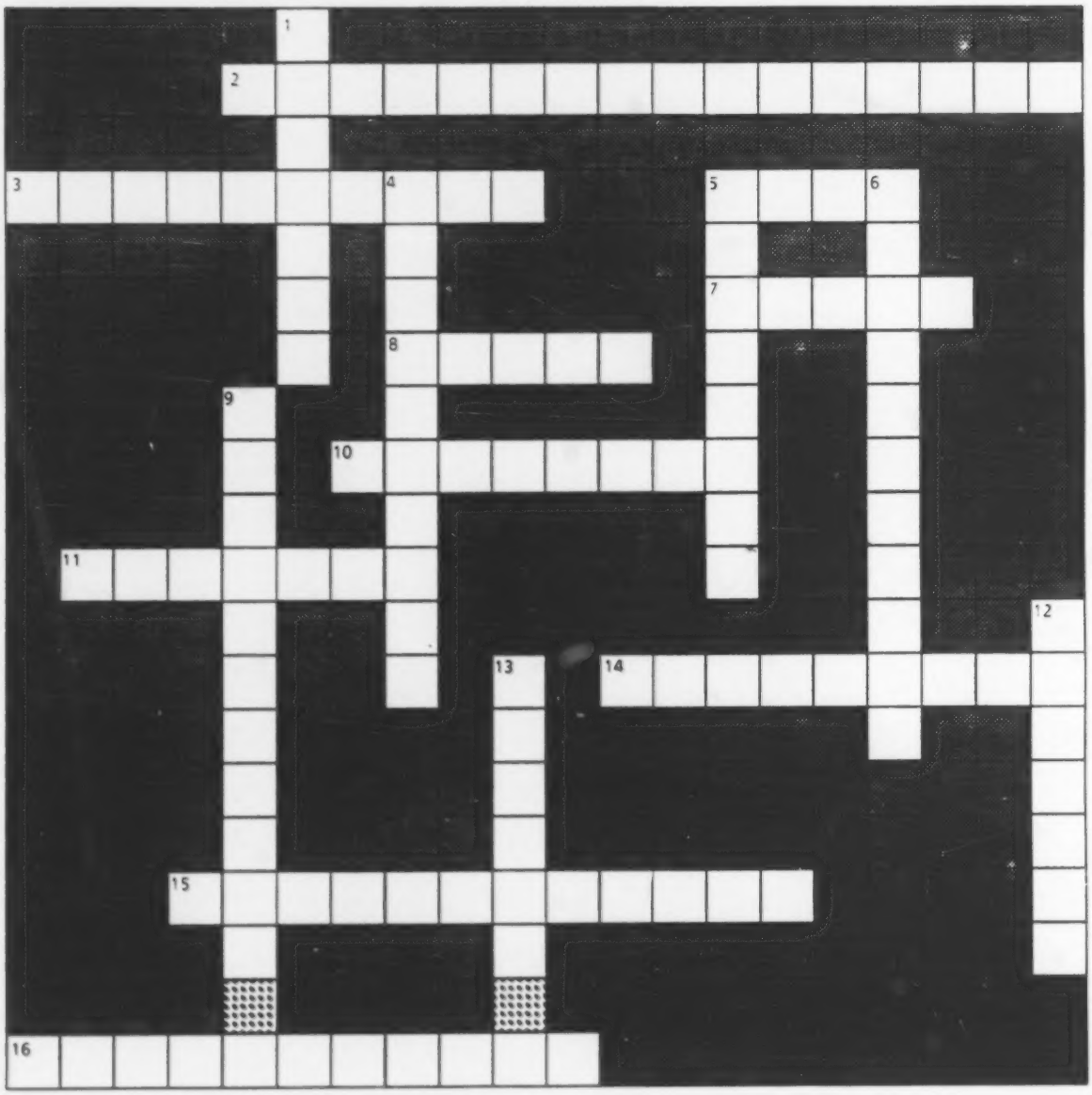
Lesson SC-15

Key Terms

Alignment
Anesthesia
Apnea
Aseptic
Atelectasis
Cannula
Coma
Conscious
Cyanosis
Disoriented
Dyspnea
Embolism
Evisceration
Hemorrhage
Hyperventilation
Hypostatic pneumonia
Hypoxia
Larynx
Pharynx
Postoperative care
Pulmonary
Semiconscious
Shock
Surgical hose
Suture
Thrombophlebitis
Thrombus
Unconscious

Name _____ Date _____

POSTOPERATIVE CARE CROSSWORD PUZZLE



POSTOPERATIVE CARE CROSSWORD PUZZLE

ACROSS CLUES

2. Blood clot in a vein.
3. Loss of a large amount of blood in a short period of time.
5. Prolonged unconsciousness due to disease or injury.
7. Absence of breathing.
8. Inadequate circulation of blood.
10. Blood clot.
11. Foreign object moving in the bloodstream.
14. Awake, alert.
15. Site of care immediately after surgery.
16. Unaware or unresponsive to sensory stimuli.

DOWN CLUES

1. Throat.
4. Absence of pain.
5. Bluish color of the skin due to lack of oxygen.
6. Complication of surgery in which the lung tissue collapses and obstructs the passage of oxygen.
9. State of confusion or inappropriate response.
12. Free of germs.
13. Surgical stitch used to repair an incision, tear, or wound.

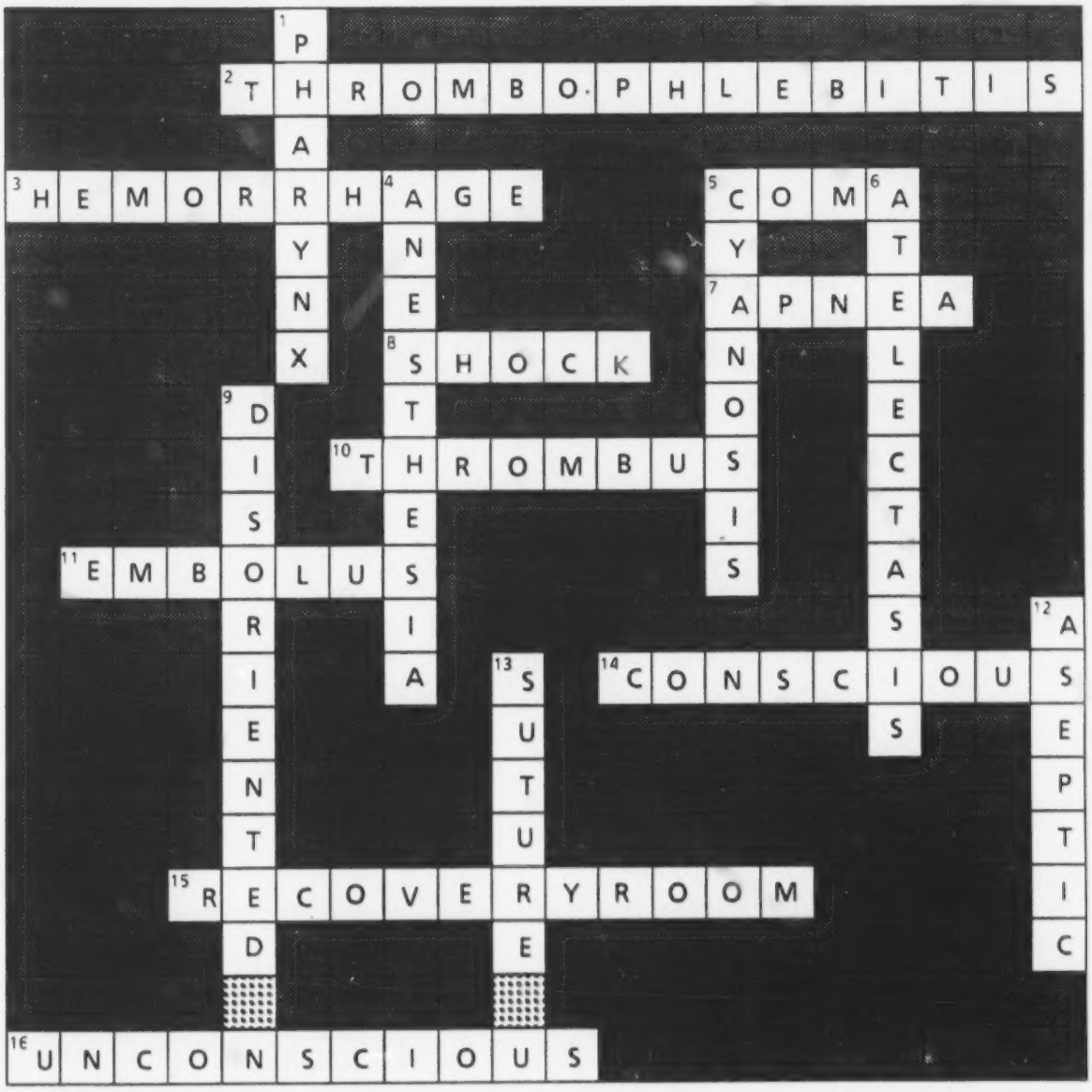
WORD LIST: POSTOPERATIVE CARE

ANESTHESIA
APNEA
ASEPTIC
ATELECTASIS
COMA
CONSCIOUS
CYANOSIS
DISORIENTED
EMBOLUS
HEMORRHAGE
PHARYNX
RECOVERY ROOM
SHOCK
SUTURE
THROMBOPHLEBITIS
THROMBUS
UNCONSCIOUS

Lesson SC-15 Answer Key

Name _____ Date _____

POSTOPERATIVE CARE CROSSWORD PUZZLE



LESSON PLAN SC-15

UNIT NURSING ASSISTANT SKILLS

COMPETENCY

Assist in providing postoperative care to selected patients.

PERFORMANCE OBJECTIVE

Given a patient in a hospital bed and the necessary equipment and supplies, the student will provide postoperative care including vital signs; assisting patient to turn, cough, and deep breathe; range of motion exercises; proper body alignment; care of patient with intravenous therapy; and dressing observation and documentation.

BASIC SKILL(S)

Reading: Demonstrate comprehension of assignments.
Writing: Write complete sentences.
Math: Measure vital signs; measure drainage on dressings.

BASIC SKILLS OBJECTIVE(S)

Reading: Read and understand assigned material.
Writing: Use assigned terminology.
Math: Measure and record vital signs; measure and document drainage of dressing.

INSTRUCTIONAL ACTIVITIES

1. Instruct the student to read **Diversified Health Occupations**, 2d edition, pp. 149-65, 190-92, 386-89, 449-50, 452-56.
2. Instruct the student to define Key Terms and write a complete sentence with each one.
3. Instruct the student to review **Diversified Health Occupations: Workbook**, 2d edition, p. 411 (completed with unit "Preoperative Care") and complete p. 416.
4. Conduct discussion.
5. Demonstrate procedure for administering postoperative care.
6. Instruct the student to practice procedure for administering postoperative care using **Diversified Health Occupations: Workbook**, 2d edition, pp. 414-15, 417.
7. Instruct the student to complete other assigned activities.
8. Instruct the student to view available audiovisual resources.

INSTRUCTIONAL MATERIALS/RESOURCES

1. Simmers. **Diversified Health Occupations**, 2d edition.
2. ------, ------: **Workbook**, 2d edition.
3. Thomas. **Tabor's Cyclopedic Medical Dictionary.**
4. Mullins, ed. **Mosby's Medical and Nursing Dictionary**, 2d edition.
5. Available audiovisual resources.

LESSON PLAN SC-15

EVALUATION

Given a patient and a hospital bed, the student will demonstrate the procedure for administering postoperative care (using the workbook evaluation form as a guide) including vital signs; assisting patient to turn, cough, and deep breathe; range of motion exercises; proper body alignment; care of patient with intravenous therapy; and dressing observation and documentation. The student will score a minimum of _____% on a teacher-prepared examination.

ALTERNATIVE ACTIVITIES

1. Complete crossword puzzle "Postoperative Care."
2. Invite a surgeon or recovery room nurse to speak to the class about postoperative care.
3. Arrange hypothetical surgical patients including dressings, I.V.s, etc., and have student practice appropriate postoperative care.
4. For further information on range of motion exercises and intravenous therapy consult the following reference books:
   a. Caldwell and Hegner. **Nursing Assistant,** 5th edition.
   b. Sorrentino. **Mosby's Textbook for Nursing Assistants**, 2d edition.

Lesson SC-16

Assisting in Providing Care to Patients in Traction and/or Casts

Introduction

In order to keep certain body parts in alignment after injury or surgery, the use of traction or casts may be necessary. In this unit, you will learn how to care for a patient who may be in traction or may wear a cast.

Learning Activities

1. Read **Mosby's Textbook for Nursing Assistants**, 2d edition, pp. 411-14.
2. Complete Key Terms assignments as directed by the instructor.
3. Complete Student Worksheets.
4. Complete other assignments as directed by the instructor.
5. Review available audiovisual resources as directed by the instructor.
6. Complete final evaluation with _____% accuracy.

Key Terms

Assessment
Cast
Closed fracture
Closed reduction
Compound fracture
Continuous traction
Cyanotic
Edema
Hygienic
Immobilize
Intermittent traction
Numbness
Open fracture
Open reduction
Seepage
Simple fracture
Skeletal traction
Skin traction
Traction

Information Sheet 1

GUIDELINES FOR THE CARE OF THE PATIENT IN TRACTION

1. Maintain body alignment as prescribed.
2. Do not remove weights without an order. (Traction is often ordered as an intermittent or constant type of treatment.)
3. Be certain that pulley ropes are in proper alignment and weights hang free. (Bed will usually be adjusted so that weights do not touch floor or hit end of bed.)
4. Keep side rails up.
5. Use fracture pan if patient is on bed rest.
6. Avoid covering any parts of traction apparatus.
7. Avoid bumping or jarring bed or traction apparatus.
8. Give proper skin care.
9. Make certain to have assistance to turn patient, if permissible, in a smooth procedure.

Student Worksheet 1

Fill in the Blanks

1. _____ is the process of drawing or pulling.
2. When patient is in traction, the health assistant should give proper _____.
3. The health assistant should always maintain _____ as prescribed.
4. Always keep _____ up when patient is in traction.
5. Avoid _____ any parts of traction apparatus.

True or False

Write true or false for each statement.

1. Patients remain in intermittent traction continually.
2. Check for areas of pressure or irritation.
3. Traction is applied by attaching weights to a part of the body above or below the area to be treated.
4. Traction may be applied intermittently.
5. Special nursing care to patients in traction ensures proper alignment, prevents pressure areas, and avoids skin breakdown.

Completion

1. List four functions of traction.
2. Give two types of traction and define the difference.
3. List four important points in caring for a patient in traction.

Student Worksheet 1

Fill in the Blanks

1. Traction
2. skin care
3. body alignment
4. side rails
5. covering

True or False

1. False
2. True
3. True
4. True
5. True

Completion

1. a. To keep areas in proper position.
   b. To help spasmodic muscles relax.
   c. To relieve pressure.
   d. To pull two body areas slightly apart.

2. a. Continuous--in traction all the time.
   b. Intermittent--in traction for a specific period, then out of traction for a specific period.

3. a. Do not bump weights or let them swing.
   b. Keep patient in good alignment.
   c. Check areas for pressure or irritation.
   d. Check that halters and belts are smooth, straight, and secured properly.

Information Sheet 2

(SAMPLE LECTURE/ DISCUSSION/ACTIVITY)

CARE OF THE PATIENT WITH A CAST

People with diseases or injuries involving the bones or joints generally require immobilization for extended periods of time so that healing can take place. Broken bones must be immobilized in the correct position until they have healed. Such devices used to immobilize a bone or joint may be casts, splints, surgical pins, or traction equipment. The immobilization prevents movement in the bones or joints.

A person who has a simple fracture can resume normal activity shortly after a cast is applied. In a healthy individual, healing usually takes place in 4-6 weeks. More serious or multiple fractures may require months of immobilization (possibly in a hospital setting) or a combination of casts or traction. Along with immobilization of the affected area comes the potential inactivity of the rest of the body. Because of this it becomes necessary for the caregiver, along with the patient, to practice certain hygienic care. This includes attention to diet, rest, cleanliness, alignment, skin care, and prevention of pressure. Depending on the site of the cast, you may also need to consider the elimination (removal of body waste) needs of the patient.

As a caregiver, you need to become familiar with the general procedures of providing skin care and checking circulation. Before we begin the actual procedure, I would like to give you some information related to cast application and structure. (Distribute "Types of Casts" handout.) I am now giving you a copy of various types of casts used. These are the most frequently used. You will see variations of these casts, many times depending upon the particular physician who supplied the cast. You should note that casts applied to immobilize a bone or joint generally extend to cover the joints distal and proximal to the involved joint.

The most common material used in casts is plaster of paris. This is the same material you probably used in making crafts before. Do you remember the powdery, white substance that when water was added and allowed to dry formed a hard stone-like shape? Casting material is the same thing. The difference is that the powder is embedded into a roll of gauze. The roll is moistened with warm water and applied in a closed spiral fashion. The advantage of the plaster cast is that it can be molded to fit any body contour.

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Information Sheet 2 continued

There are also various other casting materials such as acrylic and fiberglass. The advantage of these types is that they are lighter weight, quicker drying, and better resistant to breakage or cracking. Some of the newer casts even allow you to shower with them in place. They are also known to be more porous or breathable and, in turn, allow air to circulate better.

A cast is applied, split, adjusted, or removed only by a physician or a cast room technician working under the supervision of a physician. When the cast is applied, a length of stockinette material is put over the body part (somewhat like a sock), and then it is wrapped with a soft wadding material. Then the plaster of paris cast is applied. Immediately following the application, nursing care begins.

The following guidelines apply at this time. (Distribute "Criteria for Assessment: Care of the Patient in a Cast.")

Review each item separately so that you can understand "why" you perform a certain activity. Raise your hand if you have a question or don't understand a part and need clarification. You may make notes on your copy for your reference. (Review criteria--point out specific areas as noted.)

#4 Signs of impaired circulation: coldness, paleness or cyanosis, numbness or inability to move, burning, tingling, edema, or swelling. Report any abnormalities immediately. Delays in restoring adequate circulation could lead to nerve and tissue damage and possibly to amputation.

#6 When wet, plaster of paris cast is shiny and white. When dry, cast becomes dull and gray. Leave the cast uncovered so that the air can circulate fully. It takes more than 24 hours for the cast the dry thoroughly. Elevate or support a new cast with pillows covered with plastic. If the fracture was repaired by a surgical operation, there may be some seepage of blood through the cast. Mark the extent of the seepage in pencil and note the date and time on the cast. Notify doctor if area enlarges.

Information Sheet 2 continued

#7 Make sure affected area is supported by pillows so that the cast does not cause pressure on an area, e.g., long leg cast can cause pressure on groin. If patient is in body cast, make sure respirations are not obstructed. Use pillows for support.

#8 Inspect the bed for cleanliness and dryness. The patient may be perspiring.

#9 This helps to exercise inactive muscles. It is also helpful for the patient to use a trapeze bar to aid in moving.

If the cast becomes soiled with urine or stool, you can lightly sponge the area with soap and water. If it is left untreated the offensive odor can be embarrassing to the patient and disagreeable to everyone else.

#12 Document care given as observations, i.e., "Cast care given. Toes warm and pink. No cyanosis noted. Able to wiggle toes independently without pain. No swelling. No increased drainage since 10/2/91 marking."

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Lesson SC-16

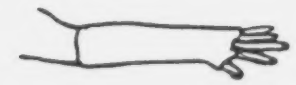
CRITERIA FOR ASSESSMENT: CARE OF THE PATIENT IN A CAST

ACTIVITY	POSSIBLE POINTS	POINTS GIVEN
1. Wash your hands.	5	
2. Identify patient and explain what you are going to do.	8	
3. Provide for privacy.	10	
4. Check the circulation.		
a. Note the color and temperature.	4	
b. Ask the patient to move the affected part and observe for signs of pain and swelling.	3	
c. Elevate the casted extremity on pillow.	3	
5. Check the edges of the cast.		
a. Does it have rough or frayed edges?	5	
b. Does it cause redness or discomfort?	5	
6. Check for cast dryness.	7	
7. Check for pressure areas.	10	
8. Bathe and dry skin, if applicable.	5	
9. Have patient assist you in shifting positions.	10	
10. Collect all items used and dispose of properly.	5	
11. Provide for patient's comfort.	10	
12. Record and report procedure.	10	
	_____	_____

Information Sheet 3

TYPES OF CASTS

Casts used to immobilize a bone or joint generally extend to cover the joints distal and proximal to the involved joint. Various types of casts are shown here.

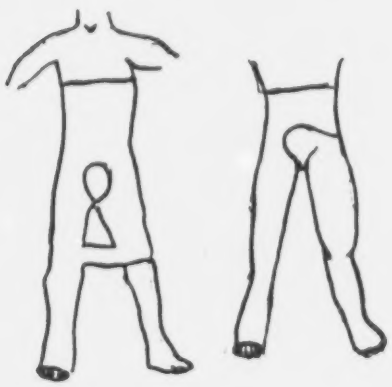


Short Arm Cast

Short Leg Cast

Hanging Arm Cast

Long Leg Cast



Hip Spica Casts

111

Information Sheet 4

The patient should be encouraged NOT to scratch underneath the cast with any sharp objects such as knitting needles, coat hangers, etc., as they may injure the tissue under the cast causing an infection.

At this time I would like you to practice this skill. Each group of you will be given a hypothetical situation on an index card. One person is to be the caregiver; the other is the patient. The patient should try to be realistic. The caregiver will apply the bandage as directed on the card, using the closed spiral technique. After the "cast" is applied, begin the cast assessment according to the criteria. For those of you who finish early, use resource library books here in class and locate and list examples of variations in casts and reasons for the variations. List the page number to share the example with the class. After both of you have completed the practice, return to your seat to begin the research.

Student Worksheet 2

True or False

Write true or false for each statement.

1. Skin care is not important for patients in casts.
2. You should inspect cast and injured areas frequently.
3. Bed linen should be kept smooth.
4. Handle cast carefully if still wet to avoid any indentation that might cause pressure points.
5. To relieve pressure on body, support cast with pillows, sand bags, or swing as indicated.

Multiple Choice

1. Signs of decreased circulation include all of the following except
   a. warmth.
   b. coldness.
   c. numbness.
   d. cyanosis.
   e. none of the above
2. The cast should be left to dry for at least
   a. 16 hours.
   b. 24 hours.
   c. 36 hours.
   d. none of the above
3. To prevent pressure areas you may do all of the following except
   a. pad edges of cast.
   b. stick sharp instruments down in edges of cast.
   c. none of the above

Fill in the Blanks

1. Use _____, not _____ to support the wet cast.
2. _____ the patient frequently to permit air circulation to all parts of the cast.
3. While drying, the cast should be _____ (covered, uncovered).

Student Worksheet 2

True or False

1. False
2. True
3. True
4. True
5. True

Multiple Choice

1. a.
2. d.
3. b.

Fill in the Blanks

1. palms of hands, fingers
2. Turn
3. uncovered

Student Worksheet 3

HYPOTHETICAL SITUATIONS FOR PRACTICE

1. Female patient with a fractured left humerus near the elbow; cast is hanging arm cast.

2. Male patient with surgical pinning of right tibia near knee; cast is long leg cast.

3. Male child in hip spica cast with full leg cast on right side; edges around chest are frayed and sharp from child "picking" at it.

4. Female child with broken left ankle; cast is short leg cast.

5. Female child with broken left wrist; cast is short arm cast.

6. Male patient after surgical repair of compound fracture, right radius.

LESSON PLAN SC-16

UNIT **MUSCULOSKELETAL SYSTEM**

COMPETENCY

Assist in providing care to patient in traction and cast.

PERFORMANCE OBJECTIVE

Upon completion of this unit, the student will demonstrate skills necessary to provide care for patient in traction and cast.

BASIC SKILL(S)

Reading: Demonstrate comprehension of assignments.
Writing: Write complete sentences.

BASIC SKILLS OBJECTIVE(S)

Reading: Read and understand assigned material.
Writing: Use complete sentences and correct English skills in completing assignments.

INSTRUCTIONAL ACTIVITIES

1. Instruct the student to read **Mosby's Textbook for Nursing Assistants**, 2d edition, pp. 411-14.
2. Instruct the student to define Key Terms using complete sentences.
3. Conduct class discussion.
4. Instruct the student to complete Student Worksheets.
5. Instruct the student to complete other assignments as directed.
6. Instruct the student to review available audiovisual resources.

INSTRUCTIONAL MATERIALS/RESOURCES

1. Sorrentino. **Mosby's Textbook for Nursing Assistants**, 2d edition.
2. Available audiovisual resources.

EVALUATION

The student will score a minimum of _____% on a teacher-made examination.

LESSON PLAN SC-16

ALTERNATIVE ACTIVITIES

1. Tour an orthopedic unit in an area hospital or physical therapy clinic to observe various traction setups.
2. Visit a cast room at an area hospital or orthopedic surgeon's office to observe the different types of casting materials.
3. Obtain X-rays of patients in skeletal traction to show to the class.
4. Obtain casting material and have student "cast" a mannequin's arm/leg. Be sure to follow manufacturer's directions for casting material.
5. Using a list of hypothetical situations given or those developed on your own, divide students into groups of two. Give each group one situation. Instruct students to simulate a cast by wrapping the "affected" area with Kling bandage in closed spiral fashion. Using the parameters for assessment, have the students practice the appropriate assessment for the situation and record their observations.

Lesson SC-17

Assisting in Providing Routine Tracheostomy Care

Introduction

As a health care worker, you may care for a patient with a tracheostomy, a surgical opening created into the trachea to allow for breathing when normal nasal breathing is not possible. Since this type of procedure can be quite frightening to the patient and to the family, it is important that the health care worker provide safe and competent care as efficiently as possible..

Learning Activities

1. Read Information Sheets 1 and 2.
2. Complete Key Terms assignments as directed by the instructor.
3. Complete Assignment Sheet 1 and Student Self-Check.
4. Complete other assignments as directed by the instructor.
5. Review available audiovisual resources as directed by the instructor.
6. Complete final evaluation with _____% accuracy.

Key Terms

Airway
Cannula
Hemostats
Obturator
Permanent tracheostomy
Suction
Temporary tracheostomy
Trachea
Tracheostomy

Information Sheet 1

Caring for the Tracheostomy

A tracheostomy is a surgical opening made into the trachea. It may be a permanent or temporary opening.

Permanent tracheostomies are usually done as treatment for cancer of the larynx.

Temporary tracheostomies are usually done to relieve respiratory distress in an emergency.

Once the opening is made, a tube is inserted to keep this area open, which enables the patient to breathe. Tracheostomy tubes are either synthetic or stainless steel. They range in size from No. 00 to No. 10. The tube is composed of three parts--an outer cannula, an inner cannula, and an obturator. Newer tracheostomy tubes will often be made of only one cannula.

The inner cannula (tube) slides inside the outer cannula (tube) and is locked in place.

When cleaning use sterile technique. Remove inner cannula and soak in cool solution of half water and half hydrogen peroxide. A small brush or pipe cleaner may be used to clean inside the cannula. Rinse well and dry. Suction outer cannula in patient before reinserting the inner cannula. Apply dressing as demonstrated below.

The obturator is an olive-tipped, curved rod that is used to guide the outer cannula as it is inserted into the tracheal incision. This apparatus is always kept close to the patient's bed in case of an accidental expulsion of the outer cannula. In this case the obturator is used to insert another tube immediately.

When inserting the tracheostomy tube, a sterile dressing is applied. This dressing, slit so that it fits around the tube, is used to absorb secretions and reduce irritations. Proper placement of this dressing is very important so that the gauze will not be aspirated into the tube, obstructing the air passage for the patient.

The sterile dressing must be changed whenever the tube is suctioned and/or secretions have soiled the dressing. This is generally changed every 8 hours.

Information Sheet 1 continued

Twill tape is used to secure the outer cannula in place. The tape is attached to either side of the outer cannula and is brought around the patient's neck and tied. This prevents accidental removal or misplacement of the outer cannula. A "trach collar" is sometimes used instead of twill tape. This type of collar uses velcro fasteners to secure the cannula in place.

If and when the outer cannula is accidentally expelled due to violent coughing and/or improperly tied twill tapes, a tracheal dilator or a pair of hemostats is used to hold the tracheostomy open while another apparatus is inserted.

Clean or sterile techniques should be followed throughout the procedure. This will prevent the introduction of any pathogenic organisms to the area which may cause an infection to occur.

Information Sheet 2

Procedure for Suctioning a Tracheostomy

The procedure for suctioning a tracheostomy includes the following seven steps.

1. Use *Sterile Technique* always!
2. Lubricate catheter with normal saline. Use sterile cup and sterile saline. This facilitates the passage of the suction catheter.
3. Pass tube through tracheostomy tube (inner cannula) 4 to 8 inches unless contraindicated and gradually open suction.
4. Remove catheter when patient coughs.
5. Have tissue ready to catch any secretions that might be expelled.
6. Rotate catheter between thumb and forefinger. Move it up and down gently as it is withdrawn with suction on.
7. *Do not* suction patient more than 15 seconds at a time. Rest at least 3 minutes between suctioning.

Note: If tracheostomy is type with inflated cuff, check with your instructor about care of this cuff. Since tracheostomy care is not practiced by health assistants in all hospitals, be certain that this procedure is part of your job description.

Psychological Care of Patient with Tracheostomy

1. Recognize that the patient is normally apprehensive, particularly about choking and about his/her ability to communicate.
2. Explain and demonstrate all procedures carefully to the patient.
3. Inform the patient and family that he/she will not be able to speak. Determine with the patient the best method of communication such as sign language, writing, etc. Supply patient with note pad, chalk, and slate or "magic slate."
4. Be sure call bell is always within the patient's reach. Put note on intercom at nurse's station that patient can't speak and call light must be answered in person. Never talk through intercom to tracheostomy patient.
5. Check on patient frequently.

Lesson SC-17

Assignment Sheet

Discussion Questions

1. What is a tracheostomy?

2. What is the obturator?
   Why should it be kept at a patient's bedside?

3. Draw a diagram showing how a sterile dressing is applied around the tracheostomy.
   Why is it important to put the dressing on properly?

4. Why are a pair of tracheal dilators or hemostats kept at the bedside of a patient with a tracheostomy?

5. What would you do if an outer cannula was accidentally expelled?

6. How often is the sterile dressing around the tracheostomy normally changed?

7. What holds the outer cannula in place?

8. Why do you use sterile technique in caring for tracheostomies?

Lesson SC-17

Student Self-Check

True or False

1. You should lubricate the suction catheter with Vaseline so that it will pass easily in the inner cannula of the tracheostomy.
2. Tracheostomy patients are not able to use their vocal cords to talk.
3. Sterile technique is always used when doing any care for or around the tracheostomy.
4. When you suction a tracheostomy, have the suction on as you pass the catheter in the inner cannula.
5. Do not suction more than 30 seconds at a time.
6. Permanent tracheostomies are usually performed to relieve respiratory distress in an emergency.
7. An obturator is used to help clean secretions out of the inner cannula.
8. Proper placement of the sterile gauze is important so that the gauze will not be aspirated into the tube, cutting off the air passage.
9. The dressing is put around the tracheostomy to absorb secretions and reduce irritations.
10. The twill tape is used to secure the outer cannula in place.
11. The sterile dressing is usually changed once every 24 hours.
12. A tracheal dilator or a pair of hemostats is kept at the bedside in order to hold the tracheostomy open while another apparatus is inserted, if needed.
13. It is possible for the patient to accidentally expel the outer cannula.
14. A tracheostomy is a surgical opening into the trachea and may be permanent or temporary.

Lesson SC-17

Student Self-Check

Answers

1. False
2. True
3. True
4. False
5. False
6. False
7. False
8. True
9. True
10. True
11. False
12. True
13. True
14. True

LESSON PLAN SC-17

UNIT NURSING ASSISTANT SKILLS

COMPETENCY

Assist in providing routine tracheostomy care.

PERFORMANCE OBJECTIVE

Upon completion of this unit, the student will demonstrate assisting with routine tracheostomy care.

BASIC SKILL(S)

Reading: Demonstrate comprehension of assignments.
Writing: Write complete sentences.
Math: Recognize time factors.

BASIC SKILLS OBJECTIVE(S)

Reading: Read and understand assigned material.
Writing: Write answers to questions about key terms.
Math: Measure time.

INSTRUCTIONAL ACTIVITIES

1. Instruct the student to read Information Sheets 1 and 2 and supplemental text material.
2. Instruct the student to define Key Terms and write complete sentences with each one.
3. Conduct discussion.
4. Instruct the student to complete Assignment Sheet and Student Self-Check.
5. Review Assignment Sheet and Student Self-Check.
6. Demonstrate procedure for assisting in tracheostomy care.
7. Instruct the student to practice procedure.
8. Instruct the student to view available audiovisual resources.

INSTRUCTIONAL MATERIALS/RESOURCES

1. Mannequin.
2. Information Sheets.
3. Assignment Sheet.
4. Thomas. **Tabor's Cyclopedic Medical Dictionary.**
5. Available audiovisual resources.

EVALUATION

Observe the student in practice of procedure for assisting with tracheostomy care. On a teacher-prepared examination, the student will score _____%.

Lesson SC-18

Preparing and Administering Vaginal Irrigation (Douches) for Selected Patients

Introduction

A vaginal irrigation (douche) is a cleansing of the vaginal canal by directing a stream or flow of solution into the vagina. The vaginal irrigation is usually done to rid the canal of discharge, to relieve inflammation or infection, and to hasten healing.

Learning Activities

1. Read **Diversified Health Occupations**, 2d edition, pp. 441-43.
2. Complete Key Terms assignments as directed by the instructor.
3. Complete **Diversified Health Occupations: Workbook**, 2d edition, p. 402-4.
4. Complete other assignments as directed by the instructor.
5. Review available audiovisual resources as directed by the instructor.
6. Complete final evaluation with _____% accuracy.

Key Terms

Dorsal recumbent position
Gravitational flow
Labia
Menstruating
Mucous membrane
Uterus
Vagina
Vaginal douche
Vaginal irrigation
Vulva

Lesson SC-18

Student Self-Check

True or False

1. A vaginal douche is the same as vaginal irrigation.
2. You may give the patient a douche if she says she wants one and always does it at home.
3. The irrigation solution is always ordered by the physician.
4. Plain water used for vaginal irrigation must always be sterile.
5. You may give a douche to a patient who is menstruating to clean out the blood clots.
6. The irrigating container is usually held about 12-18 inches above the vulva during irrigation.
7. The temperature of the irrigating solution is usually 105° F or 41° C.
8. The Fowler position is usually used when giving a douche.
9. The only reason for giving a douche is to treat a vaginal infection.
10. Vinegar is never used to give a douche.

Lesson SC-18

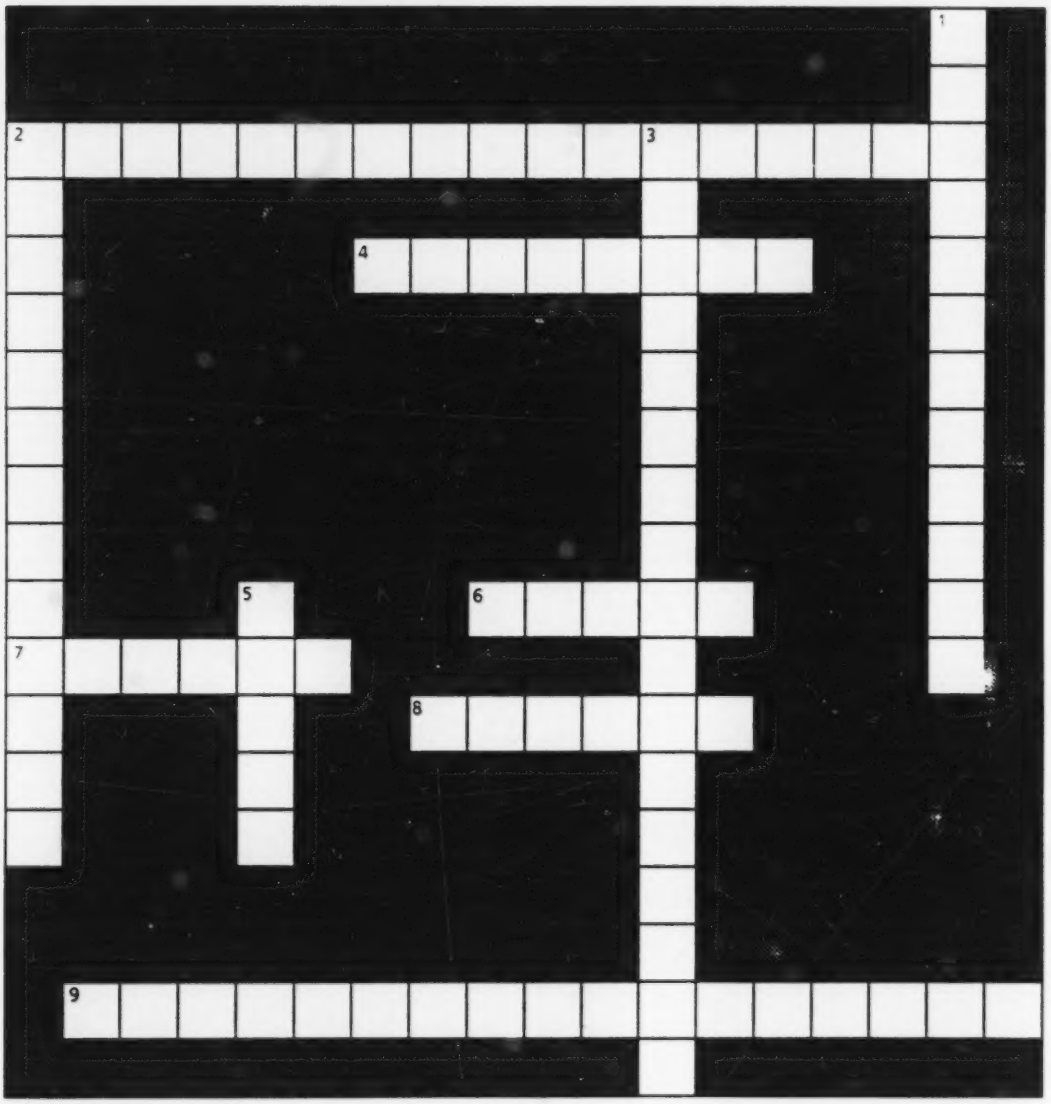
Student Self-Check **True or False**

Answers

1. True
2. False
3. True
4. False
5. False
6. True
7. True
8. False
9. False
10. False

Name _____ Date _____

VAGINAL IRRIGATIONS CROSSWORD PUZZLE



VAGINAL IRRIGATIONS CROSSWORD PUZZLE

ACROSS CLUES

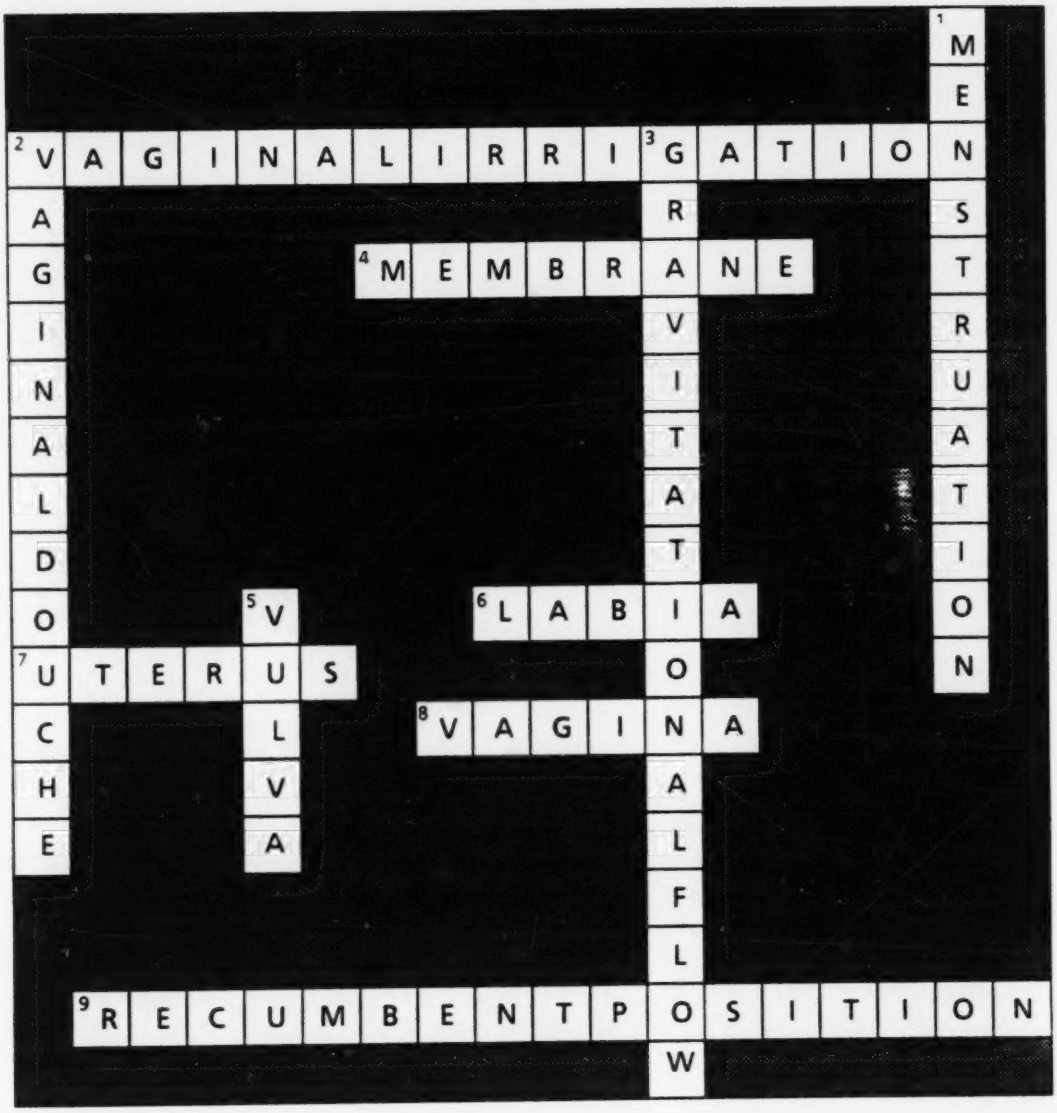
2. The introduction of a fluid into the vagina.
4. A thin layer of tissue that covers a surface, lines a cavity, or divides a space.
6. The folds of skin at the opening of the vagina.
7. A hollow muscular organ shaped like a pear.
8. The part of the female genitalia that forms a canal from the orifice through the vestibule to the uterine cervix.
9. Dorsal position.

DOWN CLUES

1. The breaking up and discharging of endometrium through to the vagina and then to the outside of the body.
2. The introduction of fluid into the vagina and the immediate return of the fluid.
3. Elevating head of bed allows this in vaginal irrigation.
5. The external parts of the female genital organs.

Answer Key

VAGINAL IRRIGATIONS CROSSWORD PUZZLE


1 M E N S T R U A T I O N
2 V A G I N A L I R R I
3 G A T I O N
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A V I T A T I O N
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7 U T E R U S O
C L 8 V A G I N A
H V A
E A L
F
L
9 R E C U M B E N T P O S I T I O N
W

LESSON PLAN SC-18

UNIT **NURSING ASSISTANT SKILLS**

COMPETENCY

Prepare and administer vaginal irrigation (douches) for selected patients.

PERFORMANCE OBJECTIVE

Upon completion of this unit, the student will demonstrate a knowledge of the terminology and the basic principles related to vaginal irrigations.

BASIC SKILL(S)

Reading: Demonstrate comprehension of assignments.
Writing: Write complete sentences.
Math: Calculate.

BASIC SKILLS OBJECTIVE(S)

Reading: Read and understand assigned material.
Writing: Use assigned terminology.
Math: Convert solutions from standard measurements to metric measurements.

INSTRUCTIONAL ACTIVITIES

1. Instruct the student to read **Diversified Health Occupations**, 2d edition, pp. 441-43.
2. Instruct the student to define Key Terms and write a complete sentence with each one.
3. Instruct the student to complete **Diversified Health Occupations: Workbook**, 2d edition, pp. 402-4.
4. Conduct class discussion.
5. Instruct the student to complete other assignments.
6. View available audiovisual resources with student.
7. Demonstrate correct techniques for vaginal irrigations.

INSTRUCTIONAL MATERIALS/RESOURCES

1. Simmers. **Diversified Health Occupations**, 2d edition.
2. ------. ------: **Workbook**, 2d edition.
3. Thomas. **Tabor's Cyclopedic Medical Dictionary.**
4. Mullins, ed. **Mosby's Medical and Nursing Dictionary**, 2d edition.
5. Available audiovisual resources.

EVALUATION

The student will demonstrate vaginal irrigation using **Diversified Health Occupations** check sheets or teacher-made check sheets and score a minimum of _____% on a teacher-prepared examination.

LESSON PLAN SC-18

ALTERNATIVE ACTIVITIES

1. Have student write a one-page report on the advantages and disadvantages of regular douching.
2. Invite a gynecologist to talk to class about causes/treatments of vaginal infections, including douching.
3. Have student complete terminology puzzle.
4. Have student complete self-check.

Lesson SC-19

Assisting with Admitting, Transferring, and Discharging Patients

Introduction

Admitting, transferring, and discharging patients are basic tasks of health care workers. The manner in which these tasks are performed influences the reaction of the patient to the hospital stay. Basic skills such as taking vital signs and assisting with a physical exam are important components of this process. Knowledge of the appropriate skills will facilitate an easier patient transition into the hospital stay.

Learning Activities

1. Read **Nursing Assistant**, 5th edition, pp. 239-47.
2. Complete definitions for the Key Terms assignments as directed by the instructor.
3. Complete unit review exercises in **Nursing Assistant**, 5th edition, p. 247.
4. Complete other assignments as directed by the instructor.
5. Review available audiovisual resources as directed by the instructor.
6. Complete practice of procedures for admission, transfer, and discharge of patient.
7. Complete final evaluation with _____% accuracy.

Lesson SC-19

Key Terms

Admission
Admission pack
Alignment
Ambulatory
Bedpan
Cardinal symptoms
Chief complaint
Cyanosis
Dentures
Discharge
Dyspnea
Emaciated
Emesis basin
Gurney/Stretcher
Jaundice
Kardex
Obese
Objective symptoms
Observations
Prosthesis
Specimen
Subjective symptoms
Transfer
Valuables
Vital signs

Lesson SC-19

Information Sheet

Admitting the Patient

1. Wash hands and assemble the following equipment:

   Equipment for urine specimen
   Equipment for taking temperature
   Pad and pencil
   Patient's chart or worksheet
   Stethoscope
   Admission kit
   Scale
   Blood pressure cuff and monometer
   Watch with second hand

2. Prepare the unit for the patient by doing the following:

   a. Making sure that all necessary equipment and furniture are in their proper places.
   b. Checking the unit for adequate lighting.
   c. Providing ventilation.
   d. Opening the bed.
   e. Making a toepleat.

3. Identify the patient both by asking the name and checking the identification bracelet.

   a. Introduce yourself.
   b. Take the patient and family to the unit.
   c. Do not appear to rush the patient.
   d. Be courteous and helpful to the patient and family.

4. Ask the patient to be seated.

   a. Ask the family to go to the lounge or lobby while the patient is getting ready for bed.
   b. Introduce the patient to the other patients in the room, unless it is a private room.
   c. Explain the signal system and the standard hospital regulations.
   d. Insofar as it is permitted, explain what will happen in the next hour.

5. Screen the unit.

Information Sheet continued

6. Help the patient to undress and put on a hospital gown or nightclothes from home. Care for clothing according to hospital policy.

7. Check the patient's vital signs, weight, and height.

8. Help the patient get into bed. Adjust side rails as needed.

9. If the patient is wearing any jewelry or has valuables that were not left at the cashier's office, do the following:

   a. Make a list of them and ask the patient to sign it.
   b. Ask the relatives, also, to sign the list and take the valuables home, or
   c. After checking and signing, put them in the hospital safe.

10. Tell the patient that a urine specimen is necessary.

    a. Assist the patient as necessary.
    b. Allow him to use the bathroom, if ambulatory.
    c. Offer the bedpan or urinal.

11. Pour the specimen from the bedpan into the specimen bottle. Put on the cap. Be sure to label the specimen correctly.

12. An admission form is usually completed at this time. Vital information includes the following:

    Observations
    Vital signs (TPR, BP, height, weight)
    Allergies
    Medications being taken
    Food preferences and dislikes

13. Orient the patient to the unit by explaining these things:

    Visiting hours and mealtimes
    How to use the phone and/or television
    TV rental, if available
    Any questions about facility routines

Information Sheet continued

14. Carry out each procedure completely. Remember to wash your hands; report completion of task; and document time admitted to unit (room number), values of vital signs, height and weight, method of transport, and patient's reaction.

Transferring the Patient

1. Determine the unit to which the patient will be transferred. Check to see that it is ready.

2. Learn from the team leader the method of transfer. Get the necessary vehicle (wheelchair, stretcher, or patient's own bed).

3. Check to see if any equipment is to be transferred with the patient.

4. Carry out each beginning procedure action.

5. Remember to wash your hands, identify the patient, and provide privacy.

6. Assemble the following equipment needed:
   Patient's chart
   Nursing care plan
   Medications
   Paper bag

7. Explain to the patient what you are doing.

8. Gather all of patient's belongings together.

   a. Place disposables in paper bag to transport with you.
   b. Check against clothes list.

9. Assist patient to put on robe and slippers, if permitted. Assist patient into wheelchair or stretcher, as directed. The entire bed is often used. Make sure side rails are up during transport.

10. Transport patient and belongings to new unit. Use all precautions related to safe transport.

11. Introduce patient to staff. Proceed to patient's room.

Information Sheet continued

12. Assist staff in helping patient into bed. Assist in putting away patient's belongings and helping patient become settled.

13. Give any transferred medications, nursing care plan, and chart to new team leader.

14. Before leaving the unit, carry out each procedure completion action. Remember to wash your hands, report completion of task, and document time, transfer to (unit/facility) by (wheelchair), and patient's reaction.

Discharging the Patient

1. Check to be sure the physician has ordered the patient discharged. If the discharge has not been written, check with the supervisor before proceeding.

2. Carry out each beginning procedure action.

3. Remember to wash your hands, identify the patient, and provide privacy.

4. Help the patient to dress, if necessary.

5. Collect the patient's personal belongings. Help the patient check them against the admission list.

   a. Pack, if necessary.
   b. Check valuables against list according to hospital policy.
   c. Make sure that all of the patient's belongings have been removed from the closet and bedside stand.
   d. Check to see if medications or other equipment are to go home with the patient.
   e. Verify that the patient has received discharge instructions from the nurse, physician, or discharge coordinator.

6. Tell the patient or a member of the family how to collect valuables from the hospital safe if valuables were put there.

7. Help patient to transfer safely into the vehicle.

Information Sheet continued

8. Take patient to the discharge entrance of the facility.

   a. Help patient transfer safely into the vehicle.
   b. Be gracious as you say goodbye.

9. Return wheelchair.

10. Return to patient unit.

    a. Strip bed. Dispose of linen according to facility policy.
    b. Clean and replace equipment used in care of patient according to facility policy.
    c. Ventilate the unit.

11. Wash your hands.

12. Record discharge in accordance with facility policy. Include the following:

    Time
    Method of transport
    Patient's reaction
    Signature

13. Report completion of task to nurse.

Lesson SC-19

SAMPLE CHECKLIST FOR ADMISSION

Patient's name _____ Room Number _____

Time _____ a.m./p.m. Date _____

Patient unit ready to receive new patient? yes _____ no _____

Admitted by stretcher _____ wheelchair _____ walking _____

Checked identification arm band? _____ Bed tag in place? _____

Did the patient need help to get undressed? yes _____ no _____

Is the patient in bed at this time? yes _____ no _____

Were side rails in "up" position? yes _____ no _____

Skin checked for bruises, marks, rashes, or broken skin. yes _____ no _____

If any present, describe _____

Weight _____ Height _____ Scale used? yes _____ no _____

Temperature _____ Pulse _____ Respiration _____ BP _____

Admission urine specimen collected? yes _____ no _____ Sent to lab? _____

Unusual behavior or unusual appearance noted? yes _____ no _____

If yes, describe _____

Does the patient have any difficulty with verbal communication? _____

_____

Food or drug allergies? yes _____ no _____ What? _____

Reason for admission _____

Complaints _____

Dentures? yes _____ no _____ Partial? yes _____ no _____ Denture cup? _____

Vision problems? yes _____ no _____ Glasses? _____ Contacts? _____

Valuables: Money? yes _____ no _____ Describe _____

Jewelry? yes _____ no _____ Describe _____

SAMPLE CHECKLIST FOR ADMISSION
continued

Does the patient have hearing problems? yes _____ no _____ Hearing aid? _____

Artificial limb? _____ Brace? _____

Is the patient calm? yes _____ no _____ Is the patient very anxious, angry, agitated, or very excited? _____

Has the patient ever had X-rays taken in this hospital? _____

Has the patient been admitted to this hospital prior to now? _____

Is the clothing list completed? yes _____ no _____

Signed by _____

Is the signal cord within reach? yes _____ no _____

If the patient brought drugs, have they been given to the charge nurse? yes _____ no _____

Name of the nurse drugs were given to _____

Was the patient told not to eat or drink anything until the physician's visit? yes _____ no _____

Admitted by _____

LESSON PLAN SC-19

UNIT **NURSING ASSISTANT SKILLS**

COMPETENCY

Assist with admitting, transferring, and discharging patients.

PERFORMANCE OBJECTIVE

Given a patient and a hospital setting, the student will correctly assist with the admission, transfer, and discharge of the patient according to the established criteria.

BASIC SKILL(S)

Reading: Demonstrate comprehension of assignments.
Writing: Write assessment observations.
Math: Measure and record vital signs, height, and weight.

BASIC SKILLS OBJECTIVE(S)

Reading: Read and understand assigned material.
Writing: Use assigned terminology and checklist.
Math: Measure vital signs, height, and weight.

INSTRUCTIONAL ACTIVITIES

1. Instruct the student to read **Nursing Assistant,** 5th edition, pp. 239-47, or other available text.
2. Instruct the student to define Key Terms and write a complete sentence with each one.
3. Instruct the student to complete unit review questions in **Nursing Assistant**, 5th edition, p. 247, or other appropriate review exercises.
4. Conduct discussion.
5. Demonstrate admission procedure.
6. Allow student to practice procedure with a partner and hospital equipment.
7. Repeat demonstration with transfer and discharge procedure.
8. Instruct the student to practice transfer and discharge procedure.
9. Instruct the student to view available audiovisual resources.

INSTRUCTIONAL MATERIALS/RESOURCES

1. Caldwell and Hegner. **Nursing Assistant**, 5th edition.
2. Thomas. **Tabor's Cyclopedic Medical Dictionary.**
3. Other available text.
4. Admission, discharge, and transfer procedure.
5. Admission checklist.
6. Available audiovisual resources.

LESSON PLAN SC-19

EVALUATION

The student will demonstrate the procedures of admission, transfer, and discharge of a patient and score _____% on a teacher-made examination.

ALTERNATIVE ACTIVITY

Use any reference book that contains information about procedures for admission, transfer, and discharge including the following:

a. Caldwell and Hegner. **Nursing Assistant**.
b. Sorrentino. **Mosby's Textbook for Nursing Assistants**.
c. Schneidman et al. **Being a Nursing Assistant**, 4th edition.

Lesson SC-20

Identifying the Five Food Groups, Basic Nutrients, and Therapeutic Diets

Introduction

America is the best fed nation in the world; yet we have many disorders relating to the diet. Some of our problems may result from a lack of knowledge of body requirements and nutrient supply or from a lack of concern. A person's state of health is often directly related to the quality and quantity of food he/she eats.

Learning Activities

1. Read **Diversified Health Occupations**, 2d edition, pp. 103-13.
2. Complete Key Terms assignments as directed by the instructor.
3. Complete **Diversified Health Occupations: Workbook**, 2d edition, pp. 62-65.
4. Complete other assignments as directed by the instructor.
5. Review available audiovisual resources as directed by the instructor.
6. Complete final evaluation with _____% accuracy.

Lesson SC-20

Key Terms

Absorption
Anorexia
Appetite
Atherosclerosis
Basal metabolic rate (BMR)
Bland diet
Botulism
Bulimia
Calorie
Calorie controlled diets
Carbohydrate controlled diets
Carbohydrates
Cellulose
Cholesterol
Condiment
Deficiency disease
Dehydration
Dietetics
Digestion
Eating disorders
Edema
Essential nutrients
Fat restricted diets
Fats (Lipids)
Force fluids
Glucose
Glycerol
Hypertension
I.V. infusion
Kilocalorie
Liquid diets
Low cholesterol diets
Low residue diets

Key Terms continued

Malnutrition
Metabolism
Minerals
Nutrition
Nutritional status
Obesity
Osteoporosis
Peristalsis
Protein diets
Proteins
Regular diets
Sodium-restricted diets
Soft diet
Supplementary nourishments
Therapeutic diets
Vitamins
Wellness

Student Self-Check

Terminology

Match the terms in Column A with their definitions in Column B.

COLUMN A	COLUMN B
____ 1. Supplementary nourishments	a. Process by which body uses food for growth, repair, and health
____ 2. Intravenous infusion	b. Fluids given directly into veins
____ 3. Therapeutic	c. The only nutrient that can make new cells and rebuild tissue
____ 4. Nutrition	d. Energy goods
____ 5. Vitamin	e. Substance that regulates body processes
____ 6. Protein	f. Chemicals that build body tissues, especially bones and teeth, and regulate body fluids
____ 7. Anorexia	g. Treatment diets
____ 8. Force fluids	h. Absence of appetite
____ 9. Minerals	i. Patient is encouraged to take fluids
____ 10. Carbohydrates and fats	j. Foods given between meals

Lesson SC-20

Student Self-Check

Terminology

Answers

1. j.
2. b.
3. g.
4. a.
5. e.
6. c.
7. h.
8. i.
9. f.
10. d.

Student Activity SC-20

Name _____ **Date** _____

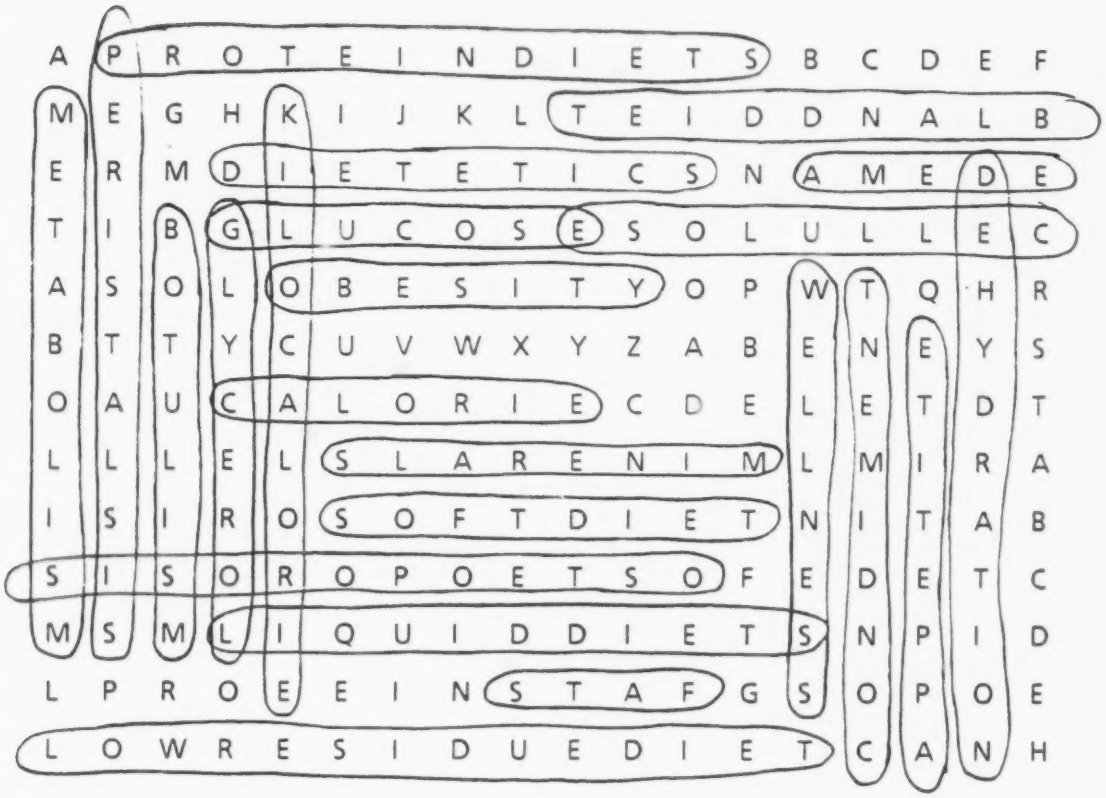
NUTRITION SEEK AND FIND

A P R O T E I N D I E T S B C D E F
M E G H K I J K L T E I D D N A L B
E R M D I E T E T I C S N A M E D E
T I B G L U C O S E S O L U L L E C
A S O L O B E S I T Y O P W T Q H R
B T T Y C U V W X Y Z A B E N E Y S
O A U C A L O R I E C D E L E T D T
L L L E L S L A R E N I M L M I R A
I S I R O S O F T D I E T N I T A B
S I S O R O P O E T S O F E D E T C
M S M L I Q U I D D I E T S N P I D
L P R O E E I N S T A F G S O P O E
L O W R E S I D U E D I E T C A N H

METABOLISM
LOW RESIDUE DIET
PROTEIN DIETS
PERISTALSIS
BOTULISM
GLYCEROL
KILOCALORIE
BLAND DIET
EDEMA
DIETETICS
GLUCOSE
OBESITY
SOFT DIET
OSTEOPOROSIS
LIQUID DIETS
DEHYDRATION
APPETITE
CONDIMENT
WELLNESS
FATS
MINERALS
CELLULOSE
CALORIE

Answer Key

NUTRITION SEEK AND FIND


A P R O T E I N D I E T S B C D E F
M E G H K I J K L T E I D D N A L B
E R M D I E T E T I C S N A M E D E
T I B G L U C O S E S O L U L L E C
A S O L O B E S I T Y O P W T Q H R
B T T Y C U V W X Y Z A B E N E Y S
O A U C A L O R I E C D E L E T D T
L L L E L S L A R E N I M L M I R A
I S I R O S O F T D I E T N I T A B
S I S O R O P O E T S O F E D E T C
M S M L I Q U I D D I E T S N P I D
L P R O E E I N S T A F G S O P O E
L O W R E S I D U E D I E T C A N H

METABOLISM
LOW RESIDUE DIET
PROTEIN DIETS
PERISTALSIS
BOTULISM
GLYCEROL
KILOCALORIE
BLAND DIET

EDEMA
DIETETICS
GLUCOSE
OBESITY
SOFT DIET
OSTEOPOROSIS
LIQUID DIETS
DEHYDRATION

APPETITE
CONDIMENT
WELLNESS
FATS
MINERALS
CELLULOSE
CALORIE

Student Activity SC-20

Name _____ **Date** _____

MAKE A POSTER ON NUTRITION

Collect the following materials to make a poster.

1. Pictures from magazines, pamphlets, or newspapers
2. Scissors
3. Paste or glue
4. Heavy paper or poster board
5. Felt-tip pens for lettering
6. Other equipment as needed for individual creativity

Work in groups of two or three to prepare a poster using one of the following subjects.

1. Principal sources of carbohydrates
2. Snack foods that are nutritious and those that contain mostly "empty" calories
3. Sources of incomplete proteins
4. Sources of complete proteins
5. Foods containing visible fats
6. Foods containing invisible fats
7. Four basic food groups (on one poster or on four separate posters)
8. Minerals--functions and sources
9. Vitamins--functions, sources, and deficiency disease or condition (this could be divided into fat-soluble and water-soluble vitamins)
10. Food additives
11. Desirable weight range for height
12. Basic hospital diets or special therapeutic diets

LESSON PLAN SC-20

UNIT **NUTRITION**

COMPETENCY

Identify the five food groups, basic nutrients, and therapeutic diets.

PERFORMANCE OBJECTIVE

Upon completion of this unit, the student will demonstrate a knowledge of the terminology and the principles related to basic nutrition and diet therapy.

BASIC SKILL(S)

Reading: Demonstrate comprehension of assignments.
Writing: Write complete sentences.
Math: Calculate calories.

BASIC SKILLS OBJECTIVE(S)

Reading: Read and understand assigned material.
Writing: Write using complete sentences.
Math: Compute totals of various nutrients contained in diets.

INSTRUCTIONAL ACTIVITIES

1. Instruct the student to read **Diversified Health Occupations**, 2d edition, pp. 103-13.
2. Instruct the student to define Key Terms and write a complete sentence with each term.
3. Instruct the student to complete **Diversified Health Occupations: Workbook**, 2d edition, pp. 62-65.
4. Conduct class discussion.
5. View available audiovisual resources with student.

INSTRUCTIONAL MATERIALS/RESOURCES

1. Simmers. **Diversified Health Occupations**, 2d edition.
2. ------, ------: **Workbook**, 2d edition.
3. Thomas. **Tabor's Cyclopedic Medical Dictionary.**
4. Mullins, ed. **Mosby's Medical and Nursing Dictionary**, 2d edition.
5. Available audiovisual resources.

EVALUATION

The student will score a minimum of _____% on a teacher-prepared examination.

LESSON PLAN SC-20

ALTERNATIVE ACTIVITIES

1. Have student write a one-page report on the advantages of a proper diet.
2. Invite a dietitian to talk to class on diet therapy.
3. Have student keep a diary of food eaten for one day and evaluate it as to total calories, protein content, fat content, or other nutrients.
4. Have student plan menus for various diets.
5. Have student complete a terminology puzzle.
6. Have student make a poster on nutrition.
7. Have student complete a self-check.
8. Have student classify a list of foods into the four food groups that each food represents.

APPENDIX

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